



# VOLUNTEER APPLICATION

(City of Golden, Golden History Museums, Golden Parks & Recreation, Golden Police Dept.)

Submit to: Human Resources Dept.

City of Golden, 911 10th St., Golden, CO 80401

PH: 303-384-8000 Fax: 303-384-8118

Email: [HRweb@cityofgolden.net](mailto:HRweb@cityofgolden.net)

The City of Golden is an Equal Opportunity organization. It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on volunteer opportunity factors. Volunteer placement is a selection process and not all applicants are accepted into the program. The City reserves the right to place volunteers in the area the City feels is best suited to your skills and the needs of the City. No volunteer position is guaranteed and positions may be terminated at the City's sole discretion.

### INSTRUCTIONS:

PLEASE PRINT OR TYPE your answers. **Incomplete or illegible applications will not be processed.**

Applications must be returned to **Human Resources** and received by the close of business on the announced closing date.

Resumes and additional volunteer experience are encouraged as a supplement.

Use blank paper if you do not have enough room on this application.

Applications without an affidavit signature on the last page will not be accepted.

<b>Volunteer Opportunity:</b>	<b>Posting Number:</b>	<b>Date:</b>

<b>P E R S O N A L</b>	Last Name	First	Middle	Home Telephone
	Street Address			Contact Telephone
	City, State, Zip			Email Address:
	Do you have any relatives affiliated with the City now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and department:			If under age 18 please provide your age:
	How did you hear about volunteering at the City of Golden?			
	<input type="checkbox"/> City Website <input type="checkbox"/> Golden History Museum <input type="checkbox"/> City Staff/Volunteer <input type="checkbox"/> Family/Friends <input type="checkbox"/> School <input type="checkbox"/> Other:			

<b>E D U C A T I O N</b>	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate	Degree or Diploma
	High School/GED				<input type="checkbox"/>	
	Business/Trade				<input type="checkbox"/>	
	Technical				<input type="checkbox"/>	
	College				<input type="checkbox"/>	
	Graduate				<input type="checkbox"/>	
					<input type="checkbox"/>	

**AREAS OF INTEREST:** If not applying for a specific volunteer opportunity, please check any areas that may be of interest to you as a volunteer.

**City /Police Dept.**

- |                                                   |                                                     |
|---------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Golden Police Department | <input type="checkbox"/> Administrative/Clerical    |
| <input type="checkbox"/> National Night Out       | <input type="checkbox"/> Special Events             |
| <input type="checkbox"/> Public Works             | <input type="checkbox"/> Mass Mailings              |
| <input type="checkbox"/> Planning                 | <input type="checkbox"/> Assembling Packets/Manuals |

**Parks and Recreation**

- |                                                  |                                                     |
|--------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Parks                   | <input type="checkbox"/> Mass Mailings              |
| <input type="checkbox"/> Athletics               | <input type="checkbox"/> Assembling Packets/Manuals |
| <input type="checkbox"/> Youth Programs/Day Camp | <input type="checkbox"/> Special Events             |
| <input type="checkbox"/> Aquatics                | <input type="checkbox"/> Sports:                    |
| <input type="checkbox"/> Older Adults            | <input type="checkbox"/> Fitness:                   |
| <input type="checkbox"/> Clerical/Administrative |                                                     |

**Golden History Museums**

Types of assignments:

- Tour Guide     Special Events     Museum Programs     Collections and research     Interpretation

Specific Skills (Check All that Apply)

- |                                                            |                                            |
|------------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> PastPerfect Software              | <input type="checkbox"/> Woodstove Cooking |
| <input type="checkbox"/> Collections and/or photo handling | <input type="checkbox"/> Foreign Language  |
| <input type="checkbox"/> Research                          | <input type="checkbox"/> Gardening         |
| <input type="checkbox"/> Event Planning                    | <input type="checkbox"/> Animal Care       |
| <input type="checkbox"/> Blacksmithing                     | <input type="checkbox"/> Crafts            |

**Volunteer Positions of Interest**

1.	Reason:
2.	Reason:
3.	Reason:

List proficiency with any machinery, industrial equipment, or specialized training you may have:

List any computer skills you may possess, i.e., hardware, software applications, programming skills, etc.

List any other education, training, relevant certifications or experience:

**Availability to Volunteer**

<b>Availability to Volunteer</b>							
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Afternoon							
Evening							

<b>Current Employment</b>	Please give complete full-time and part-time employment history including military service for the last 10 years. . Start with your present or most recent employer FIRST. If self-employed, give firm name and business references.	
	Company Name	Telephone
Address	Employed (Month and Year) From:                      To:	
Name of Supervisor (must be filled in)	Reason for Leaving	
Job Title: Job Description:		
Reason for and length of inactivity between employers:		

Company Name	Telephone
Address	Employed (Month and Year) From:                      To:
Name of Supervisor (must be filled in)	Reason for Leaving
Job Title: Job Description:	
Reason for and length of inactivity between employers:	

Company Name	Telephone
Address	Employed (Month and Year) From:                      To:
Name of Supervisor (must be filled in)	Reason for Leaving
Job Title: Job Description:	
Reason for and length of inactivity between employers:	

## Current/Past Volunteer Experience

Organization Name	Telephone
Address	Dates Actively Volunteering (Month and Year) From: _____ To: _____
Contact Name	Reason for Leaving
Volunteer Job Title and Duties:	

Organization Name	Telephone
Address	Dates Actively Volunteering (Month and Year) From: _____ To: _____
Contact Name	Reason for Leaving
Volunteer Job Title and Duties:	

Organization Name	Telephone
Address	Dates Actively Volunteering (Month and Year) From: _____ To: _____
Contact Name	Reason for Leaving
Volunteer Job Title and Duties:	

Have you been fired from a job or asked to resign in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:

**References:** Give three references, not relatives, who have definite knowledge of your **business, professional, or volunteer qualifications.**

Name:	Relationship:	Contact Phone:
Name:	Relationship:	Contact Phone:
Name:	Relationship:	Contact Phone:

## AFFIDAVIT

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employers (except as previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a selection decision. I release such persons and organizations from any legal liability in making such statements.

I understand that in the course of volunteering, I may participate in or create intellectual property on behalf of the City. I understand that all such property, and all rights to its use, belonging exclusively to the City. I shall exercise due diligence in ascertaining the ownership of any non-City intellectual property prior to its use by the City, and shall work with appropriate City personnel to protect City intellectual property.

I have read, understand, and by my signature consent to these statements:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return application to: City of Golden, Human Resources, 911 10th St., Golden, CO 80401

***THIS APPLICATION WILL REMAIN ACTIVE FOR A LIMITED TIME***

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