

VOLUNTEER APPLICATION

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

Preferred Volunteer Position		Date				
Personal Information		•				
Last Name	First	Middle	Primary Telephone			
Last Name		 	rimary relephone			
Charak Addana			Albaniata Talanhan			
Street Address			Alternate Telephone			
6'' 6' 1 7'			5 2011			
City, State, Zip			Email Address			
Drivers License or Photo ID #			License or ID State			
Do you have any relatives affiliated with the City now? Yes No If yes, give name and department			If under age 18 please provide your age			
How did you hear about volunteering	g at the City of Golden?					
City Website Golden History		ff/Volunteer	Family/Friends School			
Spark the Change (volunteergold	enco.org)					
Volunteer Positions of Interes	st					
Select all that apply.						
	Recrea	tion Division				
] Jr. Day Camp Aide 🔲 Jr. Da	y Camp Leader	Child Care Worker			
Parks Division						
☐ Weed Buster (Ongoing) ☐ Horticulture						
Museum Division						
☐ Museum Front Desk ☐ History Park Interpretation ☐ Museum Collections and Research ☐ Museum Special Events ☐ History Park Chicken Caretaker						
	•	Other				
<u>Skills</u>						
PastPerfect Software	Blacksmithing		Gardening			
Collections and/or Photo Handlin	ng Woodstove Cod	king	Animal Care			
Research	Foreign Langua	ge	☐ Crafts			
Event Planning	Landscaping		Child Care			
Other:						

Availability to Volunteer								
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
Morning								
Afternoon								
Evening								

Additional Relevant Experience, Skills, or Certifications				

AFFIDAVIT PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge 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 hereby certify that my application is for a volunteer position and if I am selected for a volunteer position, no employeremployee relationship between myself and the City of Golden will be formed.

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 hereby acknowledge that I have carefully read and fully understand the preceding statements. Upon selection, I understand that I should expect further training and I acknowledge that I will not accept the assignment if I do not fully understand the expectations and limitations of my duties. Furthermore, I acknowledge that I am over the age of 18, that I am signing this document voluntarily, and intend for it to be legally binding. Or, as applicable, to the extent permitted by law, this document shall include my child and my capacity as guardian for my child if I am signing on behalf of my minor child who will participate as a volunteer.

Applicant Signature:	Date:	
Parent/Guardian Signature:	Date:	
(If applicant is under the age of 18)		

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Email: HRweb@cityofgolden.net