

Highlands Ranch Community Association Sports and Fitness Program Volunteer Application

Please provide all information requested. Incomplete applications will not be considered.

Position Applying For: Coach Assistant Coach Program Assistant

Sport / Activity Applying For: _____

Please list your name as it appears on your Social Security card:

Last Name: _____ First Name: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Provide copy of Driver's License with application:

Have you coached or instructed this activity before? Yes No
If yes, where: _____ Age Level: _____ Years Instructed/Coached: _____

Have you ever been convicted of a crime (other than a minor traffic offense that resulted only in a fine)?

Yes No

****All applicants will undergo a background check for the purpose of serving as a factor in establishing eligibility for a Sports or Fitness volunteer position. **Additional information request and authorization forms follow as separate documents.***

Volunteer Code of Conduct:

1. I will conduct myself in a respectful manner, exhibit good conduct, and be a positive role model
2. I will display respect and courtesy for other staff, volunteers, participants, visitors, clients and property.
3. I will provide a safe environment by following the safety rules and guidelines set by the HRCA.
4. I will respect the privacy of participants and hold in confidence sensitive, private and personal information.
5. I will keep HRCA staff informed of progress, concerns, and problems within the program(s) in which I participate.
6. I will work cooperatively as a team member with employees and volunteers.
7. I will keep personal opinions and actions separate from those made as a representative of the HRCA.
8. I will not use vulgar or inappropriate language.
9. I will not solicit gratuities, gifts or bequests for personal or professional benefit.
10. I will not use or be under the influence of illegal drugs.
11. I will not consume or be under the influence of alcohol or consume tobacco at HRCA events.
12. I will not discriminate on the basis of race, color, religion, sex, age, national origin, marital status, disability or sexual orientation.

I recognize that as a volunteer, I am, through my actions, a representative of the HRCA and its philosophy. I will uphold the standard of conduct expected and demanded to the responsibility of this position. Should my conduct, for any reason, be detrimental to the participants, HRCA staff or members, I may be notified by the HRCA and relieved from my duties as a volunteer. Neither this application nor working as a volunteer program leader, assistant or coach creates a contract of employment. As indicated by the signature below, the applicant agrees to abide by the above rules of conduct. Applicant also grants permission for HRCA, Inc. to conduct a background check with a *consumer reporting agency*.

I hereby acknowledge that I have read the above information and agree to the stated responsibilities.

Signature: _____ **Date:** _____

Office use only:

Submitted to Payroll Date: ___/___/___ **Background Check Date:** ___/___/___ **Volunteer Approval Date:** ___/___/___

**FAIR CREDIT REPORTING ACT DISCLOSURE
AND AUTHORIZATION DISCLOSURE**

As an applicant for a Volunteer position with the HIGHLANDS RANCH COMMUNITY ASSOCIATION, INC., (HRCA), you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, HRCA may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you: (1) when considering your application for a volunteer position, (2) when making a decision whether to offer you a volunteer position, (3) when deciding whether to continue your position as a volunteer (having already been approved), or (4) when making other volunteer-related decisions directly affecting you.

Our *consumer reporting agency* is Background Information Services, Inc. at 1800 30th Street, Suite 204, Boulder, Colorado 80301, 303 442-3960, which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as HRCA.

A *consumer report* means any written, oral, or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used, or expected to be used, or collected, in whole or in part, for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An *investigative consumer report* means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, associates, or others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request, in writing and within a reasonable time, additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By signing below, I hereby voluntarily authorize HRCA, to obtain either a consumer report or an investigative consumer report from a consumer reporting agency and to consider this information when making decisions regarding a volunteer position for the Highlands Ranch Community Association, Inc. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

Signature

Date

Printed Name

Social Security Number

Date of Birth

RESIDENCE FORM

PLEASE INCLUDE ALL INFORMATION FOR THE PAST 7 YEARS:

CURRENT NAME: _____

OTHER NAMES USED WITHIN LAST 7 YEARS AND DATE OF CHANGE: _____

• PREVIOUS ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
Dates of Residency: From: _____ To: _____

• PREVIOUS ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
Dates of Residency: From: _____ To: _____

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