



# City of Commerce City Volunteer Application

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

Last name:	First name:	Middle Initial:	Other names:
Primary Phone Number:	Secondary Phone Number:	Date of Birth : SSN: (Upon application approval)	
Street Address:			
City:	State:	Zip:	E-mail:
Are you at least 18 years old? Please circle:    Yes        No		Email Address:	

**VOLUNTEER EXPERIENCE (please attach additional pages if needed)**

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_ Volunteer from: \_\_\_\_\_ to \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact: \_\_\_\_Yes \_\_\_\_No

What did you do:  
\_\_\_\_\_  
\_\_\_\_\_

What Special Training/Skills do you have?  
\_\_\_\_\_  
\_\_\_\_\_

I am interested in working in the following departments (please check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> City Managers Office                    | <input type="checkbox"/> Courts                             |
| <input type="checkbox"/> Human Resources                         | <input type="checkbox"/> Police                             |
| <input type="checkbox"/> Information Technology                  | <input type="checkbox"/> Parks and Recreation               |
| <input type="checkbox"/> Finance                                 | <input type="checkbox"/> Community Planning and Development |
| <input type="checkbox"/> Public Works                            | <input type="checkbox"/> Neighborhood Services              |
| <input type="checkbox"/> Special Events (one time opportunities) | <input type="checkbox"/> Marketing and Public Relations     |
| <input type="checkbox"/> Economic Development                    |   |

Time Commitment and Availability: *(mark availability)*

3 months _____		6 months _____		9 months _____		1 year _____		
Morning: _____			Afternoon: _____			Evening: _____		
Sun: _____	Mon: _____	Tues: _____	Wed: _____	Thurs: _____	Fri: _____	Sat: _____		

**REFERENCES**

Please list two references (no relation) that have known you for at least one year.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**FOR DRIVING JOBS ONLY**

Do you have a valid driver's license? \_\_\_\_ Yes \_\_\_\_ No

Driver's License Number: \_\_\_\_\_ Driver's License Class: \_\_\_\_\_

Has your driver's license ever been revoked in the past 3 years? \_\_\_\_ Yes \_\_\_\_ No

May we check you Motor Vehicle Report? \_\_\_\_ Yes \_\_\_\_ No

**Applicant Statement**

I certify that all information provided in this volunteer application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal from volunteer position if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a volunteer decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to pass a background investigation. I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN IMPLIED CONTRACT OF VOLUNTEERING NOR GUARANTEE VOLUNTEERING FOR ANY DEFINITE PERIOD OF TIME.

By submitting this application, I acknowledge that I have read and understand the Applicant Statement

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* IF YOU APPLYING TO VOLUNTEER WITH THE COMMERCE CITY POLICE DEPARTMENT, it is normal to perform and extensive background check no to the sensitivity and confidential nature of the department. Volunteers will be given the same treatment as professionals within the police department. Successful completion of the background check and the Controlled Voice Stress Analyzer is required to work in certain units with the Commerce City Police Department.**