



CITY OF LONE TREE

**VOLUNTEER APPLICATION FORM**

The information supplied on this application will remain confidential within the City of Lone Tree. The parents/guardians of minors in this program are considered part of the City of Lone Tree.

Volunteer Details						
APPLICATION DATE	MM/ DD/ YYYY		DATE ACCEPTED <i>Office Use Only</i>	MM/ DD/ YYYY		ACCEPTED BY
APPLYING FOR	<b>General Volunteer Application</b> <input type="checkbox"/>		Do you require community hours credit? <input type="checkbox"/>			
	<b>Specific Event Application</b> <input type="checkbox"/>		If so, list the event name:			
TITLE	Circle one	Mr. / Mrs. / Ms./	Jnr/ Snr/ I II III	OTHER:		MINOR: YES/NO <i>please circle</i> Under 18
NAME	Last		First	Middle	Nickname	
HOME ADDRESS	Number & Street		Apt #	City	Zip	
CONTACT DETAILS	Email		Cell Ph			
	Home PH	Work PH	May we contact you at work?		Y / N	
EMERGENCY CONTACT INFORMATION						
Emergency Contact 1	Name		Relationship			
	Home Tel		Cell #		Work Tel	
Emergency Contact 2	Name		Relationship			
	Home Tel		Cell #		Work Tel	

Have you ever been convicted or plead guilty of a crime? Y / N

If Yes, please give details. \_\_\_\_\_

**Personal Information Required for Background Screening**

Social Security Number: - -	Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Driver's License Number:	State:	

**Disclosure**

By signing below, I hereby voluntarily authorize City of Lone Tree to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my volunteering at City of Lone Tree. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above. This report may be delivered in either written or electronic form. The information in these reports is solely for the use of the City of Lone Tree, to be used in determining eligibility becoming a volunteer.

Print Name:	Signature:	Date: / /
If you are a minor, please have a Parent/Guardian sign. By signing, it is an agreement for you to participate as a volunteer for the City of Lone Tree and confirmation of all information completed on the form is correct.		
Guardian Name:	Signature:	Date: / /
Relationship to Minor		



CITY OF LONE TREE  
TEEN COURT  
**ADULT VOLUNTEER APPLICATION**

**Please fill out and return to:**  
Elise Krumholz, Teen Court Coordinator  
Fax: 303-225-4949  
Elise.krumholz@cityoflonetree.com  
To contact, please call 720-509-1265

**Additional Questions**

**Why would you like to volunteer for the Teen Court program?**

**List any interests, experiences or skills you have that will benefit Teen Court:**

**How did you hear about Teen Court? (Check all that apply)**

- School    Friend    Newspaper    Online    Court    Current Volunteer/Respondent    Other

If Other, please describe:

**References** (Please provide the name and contact information for two people, not related to you, who you know through work, school, or the community.)

**Reference #1**

<b>First Name:</b>		<b>Last Name:</b>		<b>Relationship:</b>	
<b>Phone:</b>		<b>Email:</b>			

**Reference #2**

<b>First Name:</b>		<b>Last Name:</b>		<b>Relationship:</b>	
<b>Phone:</b>		<b>Email:</b>			

**APPLICANT'S CERTIFICATION**

I understand this is not to be considered as an indication of probable appointment nor an obligation upon the City of Lone Tree, to make an appointment, but as part of the selection process only. All information submitted as a part of this application has been provided voluntarily. I further understand that upon submission this application, and any supporting documentation, will become the property of the City of Lone Tree. I understand any deliberate misstatements, misrepresentations or omissions are cause for disqualification.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_