

EMERGENCY CONTACT

Name

Phone

REFERENCES:

Please list **TWO** names of persons not related to you whom you have known at least one year and include phone numbers and addresses.

Name

Phone

Address

Name

Phone

Address

PLEASE TELL US WHY YOU WANT TO BE A VOLUNTEER FOR DDRC?

HOW DID YOU HEAR ABOUT US?

PERMISSION TO RELEASE

Do we have your permission to use your name or picture in newsletter articles and media releases? **YES** **NO**

VOLUNTEER INSURANCE is provided for all volunteers. In the highly unlikely case of accidental death, benefits would go to your beneficiary. You may list this person if you like:

Beneficiary: _____

THANK YOU FOR COMPLETING THIS APPLICATION TO BECOME A VOLUNTEER
Mail/ FAX to: DDRC Volunteer Services, 11177 W. 8th Ave., Suite 300, Lakewood, CO 80215
(303) 462-6585 (303) 462-6589 Fax (303) 233-0103

VOLUNTEER CONFIDENTIALITY AGREEMENT

While volunteering, one may receive a certain amount of information about the person with whom they are working. This information is considered confidential.

The State of Colorado has strict regulations governing the disclosure of confidential information. In general, information about the person with whom you are working may not be released publicly by the agency or any representative of the agency (including volunteers), unless this person or his/her legal guardian gives written authorization.

Information, which is considered confidential, includes, but is not limited to, name, address, phone number and any information concerning the person's disability or the services they receive. Any information pertaining to the person's family is also considered confidential.

Developmental Disabilities Resource Center also complies with the Federal Regulations HIPPA (the Health Insurance Portability and Accountability Act) which specifically protects the DDRC consumer's health information.

If you have any questions, please call Volunteer Services (303-462-6585 or 303-462-6589.)

I, _____, have read the above statement
Print Name
and agree to maintain the confidentiality of those with whom I work.

Volunteer signature

Date _____



Developmental Disabilities Resource Center

11177 W. 8th Ave. • Lakewood, Colorado 80215-5503 • (303) 233-3363 • Fax (303) 274-1448 • www.ddrcco.com

BACKGROUND SCREENING AUTHORIZATION

In consideration for employment or promotion with DDRC, I understand that several investigative-consumer reports may be requested and may include information as to my character, general reputation, personal characteristics, mode of living, work habits, creditworthiness, academic-credential verification, job performance, experience and reasons for termination. Further, I understand information may be requested concerning my motor vehicle, operations history and criminal history from various private and public sources. **The information will be used for the sole purpose of identification when conducting a background investigation.**

Additionally, I authorize all references, corporations, schools, employers, credit bureaus, licensing boards, government and law enforcement agencies, military services, motor vehicle agencies or any other entity deemed necessary to release any information the background investigation agency may require in connection with this investigation. I understand that these files may contain negative information, therefore I agree to hold harmless the background investigation agency and any agent acting on its behalf, from any and all liability arising through the investigation of my background. **(I understand that my date of birth is used solely as an identifier to avoid possible misidentification while completing the background check process.)**

I further acknowledge that a facsimile (FAX) or photographic copy of this release will be valid as the original. Under the Fair Credit Reporting Act (FCRA), I am entitled to receive a copy of the background report before DDRC denies my application or takes any adverse action against me based in whole or in part on information contained in such a report. I am also free to contact the Federal Trade Commission about my rights under the FCRA.

APPLICANT Complete the following information as accurately as possible. (Please print clearly.)

Last Name: _____ First Name: _____ MI: _____

SSN: _____ Driver's Lic. #: _____ State of Issue: _____

Birth Date: _____ Phone: _____

Previous Names (maiden/marriage, etc.): _____ Date Changed: _____

Addresses: (List up to past seven years beginning with your current address. Include city, state, zip and dates of residence.)

1. _____ Dates: _____

2. _____ Dates: _____

3. _____ Dates: _____

4. _____ Dates: _____

5. _____ Dates: _____

6. _____ Dates: _____

7. _____ Dates: _____

Have you ever been convicted of a crime? Yes No

If yes, provide details including date, location and nature of crime(s)? _____

Applicant Signature: _____ **Date:** _____

OFFICE USE ONLY

Background Information Services, Inc.

1800 30th Street, Suite 204

Boulder, CO 80301

(303) 442-3960

(800) 433-6010

(303) 442-1004 Fax

Facility: Developmental Disabilities Resource Center (DDRC) Acct. #: _____

Individual Requesting Search: _____ Phone: _____ Fax: _____