Volunteer Application

VISION STATEMENT

"We are a self-sustaining, value-based community guided by integrity, respect and trust, supporting at-risk youth in being responsible, contributing members of society."

MISSION STATEMENT

"To provide a safe environment for at-risk youth to challenge themselves and their limiting beliefs through mentoring and outdoor experiences."

Staff Application
Calwood Environmental Center, Jamestown, CO

Girl’s camp: June 5th - 10th 2019
Boy’s camp: June 21st - 28th, 2019

Return Completed Application to Beckie Scruggs: beckie@highergroundyc.org
Mr. ( ) Ms. ( ) Mrs. ( ) **Name:**

<table>
<thead>
<tr>
<th>Birth date:</th>
<th>Birthplace:</th>
<th>SSN:</th>
</tr>
</thead>
</table>

Current Address:

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>ZIP:</th>
</tr>
</thead>
</table>

Phone: Email:

**Emergency Contact**

Name of a relative not residing with you:

<table>
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<tr>
<th>Address:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>ZIP:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Relationship:</th>
</tr>
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</table>

**Employment Information**

Current Employer:

<table>
<thead>
<tr>
<th>Employer Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>ZIP:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

**Driver’s License Information**

Do you have a valid driver’s license? License #: State: Expiration date: Do you own, or have access to, a car?

Please Provide the following information about your automobile insurance:

<table>
<thead>
<tr>
<th>Company:</th>
<th>Policy #:</th>
</tr>
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<table>
<thead>
<tr>
<th>Dates of issuance and expiration:</th>
</tr>
</thead>
</table>

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Volunteer Information

How did you learn about Higher Ground?

________________________________________

Why do you want to become a volunteer at camp?

________________________________________

________________________________________

Previous involvement with children (if any):

________________________________________

________________________________________

________________________________________

Are there specific problems you would find difficult to deal with in working with a child?

________________________________________

________________________________________

By signing this application, you acknowledge that Higher Ground Youth Challenge will run a National background check on you and that this application may be rejected based on any findings that we feel, at our sole discretion, may put Higher Ground or the youth we serve at risk.

All qualified applicants will receive equal consideration for volunteering or mentoring without regard to race, color, national origin, religion, sex, pregnancy, marital status, sexual orientation, gender identity, age, physical or mental disability, or covered veteran status.

Signature of Applicant: ________________________________  Date: ________________

INFORMATION AND PHOTO RELEASE

I hereby consent to the use of my child's name, likeness and speech in any audio tape, video tape, film or photograph made at Higher Ground Youth Challenge and/or any ongoing follow up programs for business purposes of Higher Ground and for providing memories of your child’s experience.

Signature ____________________________________________  Date ________________

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CHILD ABUSE REPORTING

Under the “Child Protection Act of 1987” (C.R.S. 19-3-301) in the Colorado’s Children Code, child care center workers are required to report suspected child abuse or neglect. The law at 19-3-304 states that if a child care worker has “reasonable” cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions which would reasonably result in abuse or neglect shall immediately report or cause a report to be made of such fact to the county department or local law enforcement agency.

“Abuse” or “child abuse or neglect” means an act or omission in one of the following categories which threatens the health or welfare of a child: skin bruising, bleeding, tissue swelling, or death; any case in which a child is subjected to sexual assault or molestation, sexual exploitation, or prostitution; any case in which a child is in need of services because the child’s parents, legal guardian, or custodian fails to take the same actions to provide adequate food, clothing, shelter, medical care, or supervision that a prudent parent would take.

If at any time a staff member reasonably suspects child abuse, it’s the responsibility of that staff member to report or to cause a report to be made of this suspicion to the local county department of social or human services at 303-866-2281 or to the police department. It is not staff’s role to investigate suspected abuse—only to report it. Persons who make a good faith report are immune from civil and criminal liability. Additionally, the law provides for the protection of the identity of the reporting party.

A child care worker who fails to report suspected child abuse or neglect commits a class 3 misdemeanor and will be punished as provided in section 19-1-103(1)(A), C.R.S. The staff person could also be liable for damages “proximately caused thereby”

I have read and understand the above requirements concerning my responsibility regarding child abuse reporting.

________________________________________  __________________________
Signature                                      Date

STATEMENT OF AFFIRMATION:

This form is to be signed by all volunteers and employees who may be exempt from fingerprinting requirements, but who state they have no convictions for any charges of child abuse or neglect, unlawful sexual offense, or any felony. I affirm that I have not been convicted of any charge of child abuse or neglect, unlawful sexual offense, or any felony.

________________________________________
Name (Print)

________________________________________  __________________________
Signature                                      Date

Return Completed Application to Beckie Scruggs: beckie@highergroundyc.org
SUBJECT RELEASE AND AUTHORIZATION

Transparent Information Services, LLC (TIS) is hereby authorized to conduct a background investigation on me in the course of consideration for possible employment or volunteer work by Higher Ground Youth Challenge. I voluntarily and knowingly authorize, without reservation, any duly authorized agent of TIS to obtain from any law enforcement agency, drug screening firm state, county or federal agency, present employer or supervisor, landlord, past employer or supervisor, finance bureau/office, credit bureau, collection agency, college, university or other institute of learning or certification, private business, military branch or the National Personnel Records Center, personal reference and/or other persons, and voluntarily and knowingly authorize the same to give, records or information that they may have concerning my criminal history, motor vehicle history, earnings history, credit history, character, employment records, record of attendance and earned degrees or certificates, or any other information requested, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I voluntarily, knowingly and unconditionally release all such persons, including any named or unnamed informant, from any and all liability resulting from the furnishing of this information. A photographic, faxed or e-mailed copy of this authorization shall be as valid as the original.

Transparent Information Services, LLC is only an information provider and does not make hiring decisions

PROVIDE THE FOLLOWING INFORMATION / PLEASE WRITE LEGIBLY AND IN BLACK INK

FULL NAME:
__________________________________________________________
____________________________________

FORMER/MAIDEN/ALIAS/OTHER NAMES USED:
_________________________________________________________________________________

POSITION FOR WHICH YOU ARE APPLYING:
Higher Ground Youth Challenge Volunteer

ADDRESS HISTORY FOR THE MOST RECENT 7 YEAR PERIOD (USE AN ADDITIONAL SHEET IF NEEDED):

ADDRESS   CITY/STATE/ZIP CODE   COUNTY   DATES OF RESIDENCE
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
DRIVER’S LICENSE NUMBER: _____________________________ STATE: ______

NAME AS IT APPEARS ON LICENSE:

____________________________________________________________________________________________

SOCIAL SECURITY NUMBER:

____________________________________________________________________________________________

DATE OF BIRTH (MANDATORY): ____________ SEX: _______________ RACE: ________________

**THE INFORMATION PROVIDED ABOVE IS FOR THE PURPOSES OF INITIATING A BACKGROUND CHECK AND WILL NOT BE USED BY THE PROSPECTIVE EMPLOYER IN THE HIRING DECISION**

I understand that the information that I have provided is for the purposes of a background check only and that TIS, LLC is not the Employer but a background screening company, not owned or operated by the Employer. I further acknowledge that my date of birth, sex and race are to be used for investigative purposes by TIS, LLC where this search criteria may be required by certain agencies listed in the top paragraph of this form and shall not be used for the purpose of making a hiring decision.

☐ CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Report, please check the box. This report may include character and reputation information obtained through personal interviews.

Signature: _____________________________  Date: ________________

1455 Dixon Avenue, Suite 220, Lafayette, CO 80026  Toll-free 877-778-8747  Phone 303-217-8747  Fax 303-484-5661  www.transparentinfoservices.com