



**Jefferson County
Open Space**
enriching life

Open Space Volunteer Application

Please complete all sections and return application to:

Jana Johns
Volunteer Services Administrator
Jefferson County Open Space
700 Jefferson County Parkway, Suite 100
Golden, Colorado 80401

Phone: (303) 271-5922
Fax: (303) 271-5997
Email: jjohns@jeffco.us

All applicants are required to submit to a criminal background check prior to acceptance into any volunteer position with Jefferson County Open Space. Conviction records do not necessarily prohibit acceptance into a program. Mitigating circumstances may be taken into account and are considered on a case-by-case basis.

PERMISSION TO VERIFY CONTENT

I, _____, (applicant) hereby authorize verification of all statements contained within this application and release Jefferson County Open Space and all others from liability in connection with same.

Applicant Signature _____ Date _____

OFFICE USE ONLY

NAME: _____
 _____ (FIRST) _____ (LAST)
 DATE OF APPLICATION: _____ PROGRAM(S): _____

OFFICE USE ONLY

Please Print

Section I - Personal Information:

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ ok to call? ___yes___no

E-Mail Address: _____ Cell Phone Number: _____

Employer: _____ Occupation: _____

Date of birth ___/___/___ Veteran? [] Yes [] No

If under 18, parental permission must be obtained to participate in our volunteer program. This Application and the Consent for Background Investigation must be signed by both the applicant and their parent or legal guardian to be considered valid.

Emergency Contact Information:

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Which Volunteer Program(s) are you applying for? (see application brochures for program descriptions)

- | | |
|--|---|
| <input type="checkbox"/> Admin/Front Desk | <input type="checkbox"/> Natural Resources (check position below) |
| <input type="checkbox"/> Education Volunteer | <input type="checkbox"/> Nest Box Monitor |
| <input type="checkbox"/> Park Steward | <input type="checkbox"/> Park Patroller |
| <input type="checkbox"/> Park Host | |

Please indicate times you would be available to volunteer for assignments:

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Weekends | <input type="checkbox"/> Daytime | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Weekdays only | <input type="checkbox"/> Weekends only | <input type="checkbox"/> Daytime only | <input type="checkbox"/> Evenings only |

Have you volunteered for Jefferson County Open Space before? [] Yes [] No

Are you now or will you be a Jefferson County employee this year? [] Yes [] No

If yes, which Division/Department?: _____

How did you hear about this program?

- | | | | |
|---|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> A Volunteer | <input type="checkbox"/> Friend | <input type="checkbox"/> Open Space Website | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Flyer/Postcard | <input type="checkbox"/> Newspaper | | <input type="checkbox"/> Staff Member |



Section II - Position Qualifications:

1. Why would you like to volunteer for Jefferson County Open Space? _____

2. Have you had any previous experience as a volunteer? Please describe: _____

3. Please describe any specific skills and/or experience you have which could help in your volunteer assignment at Open Space. _____

Section III – Background and References:

A formal background check will be performed prior to acceptance into this volunteer program.

Have you ever been convicted of a felony or misdemeanor? [] Yes [] No

If yes, please complete the following for each (attach additional sheets, if necessary):

Offense: _____ Date: _____

Location: _____ Disposition: _____

Explain: _____

Conviction records will not necessarily be a bar to volunteer opportunities; factors such as age at the time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

Please list your other volunteer experience, if any:

Name of Organization	Date(s)	Phone Number
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OFFICE USE

- Application complete
- Application copied to Program Coordinator
- Application entered into Volgistics, date: _____ by _____
- CBI collected
 - CBI submitted, date: _____
 - CBI Approved, date: _____
- R.O.L. collected
- Interview complete
 - Accepted
 - Not Accepted
 - Applicant Withdrew
- Applicant notified of acceptance, by: _____
- New Volunteer Orientation attended

Notes: _____

