



Volunteer Application

Helping our youth do more than just dream!!



Boy's Camp 2015: June 6-12

Girl's Camp 2015: June 26-July 1

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."



CONTACT INFORMATION

Name (First and Last): _____

DOB: ____/____/____ Birthplace: _____ SSN: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Marital Status: Married () Single () Spouse's Name _____

How many years have you lived in Colorado? _____

If a year or less, what was your previous state of residence? _____

Please check all that you're interested in: () Staffing camp, () Yearly event support, () Fundraising events, () Program planning, () Board of Directors

EMPLOYMENT

Current Employer: _____

Employer Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

EMERGENCY CONTACT

Emergency contact (First and Last Name): _____

Relationship: _____ Phone: _____

DRIVER'S LICENSE

Do you have a valid driver's license? **Y / N** License #: _____ State issued: _____

Expiration date: ____/____/____ Do you own or have access to a vehicle? **Y / N**

Automobile insurance:

Company: _____ Policy # _____

Effective date: ____/____/____ Expiration date: ____/____/____



How did you learn about Higher Ground? _____

Why do you want to become a volunteer with this program? _____

Do you have any previous experience with youth? Please explain: _____

What strengths do you bring to working with youth or other areas of Higher Ground? _____

What are some areas that you would find most challenging in working with youth in a direct setting?

Some of Higher Ground's activities are physically and emotionally challenging. Do you foresee any issues personally that would hinder you from participating in these levels of activities? _____

Are you willing to assist in driving youth as needed (either in a 15-passenger van or your personal vehicle?) _____



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 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.

Print Name

Signature

Date

Information and Photo Release:

I hereby consent to the use of my 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

Acknowledgement

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 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:_____



HIGHER GROUND YOUTH CHALLENGE
SUBJECT RELEASE AND AUTHORIZATION

NationCheck, LLC is hereby authorized to conduct a background investigation on me in the course of consideration for possible employment or volunteer service by Higher Ground Youth Challenge. I voluntarily and knowingly authorize, without reservation, any duly authorized agent of NationCheck, LLC 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.

NationCheck, 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: _____

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 NationCheck, 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 NationCheck, 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. By signing this authorization I am also authorizing the use of the credit card information listed below for payment purposes.

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:** _____

Please mail completed volunteer applications to:

Higher Ground Youth Challenge
ATTN: Staff Application
PO Box 101106
Denver, CO 80250

or

Email:

Betsy Boudreau
betsyhgyc@gmail.com
Subject: Staff Application

***Thank you for your interest in Higher Ground Youth Challenge!
Please feel free to contact us at the above email address if you have any
questions or comments about our program, and we will be in touch soon
regarding the status of your application. We sincerely look forward to
working with you!***