



**Please read each of the following statements carefully. After each statement please indicate your acceptance by initialing each one.**

In accordance with program guidelines, federal and state regulations volunteers will be required to consent to a criminal background check. Some programs may require a Motor Vehicle Records check as well or proof of auto insurance as part of risk management policies. Please indicate consent for these records checks to be conducted by signing the statement at the end of this application. **Initials** \_\_\_\_\_

Insurance: Volunteers will be provided with accident insurance, excess personal liability insurance, and excess auto liability insurance, as required by federal and state regulations. The excess insurance is secondary insurance and is not primary insurance. This insurance is provided at no cost to the volunteer. The agency will investigate any accident involving any volunteer and provide a written report to the insurance within 5 days of occurrence. **Initials** \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING BELOW. ALL APPLICANTS MUST SIGN IN ORDER TO BE ACTIVATED.**

I desire to work as a volunteer for the volunteer program and engage in activities related to being a volunteer. I understand that the volunteer activities may include working for a sponsoring agency or direct services for County programs.

**Release and Waiver.** I do hereby and forever release and discharge any member County and Northwest Colorado Council of Governments ("NWCCOG"), the officials, boards, officers, principals, and employees from all losses, costs, claims, damages and liabilities, including reasonable attorney's fees and expenses for which any member County or NWCCOG or any of their officials, boards, principals and employees may become subject to, insofar as any such losses, claims, damages or liabilities arise out of, directly or indirectly, my participation in any activities as a volunteer. *(Failure to agree to this statement may result in the inability to participate in the volunteer program.)* **Initials** \_\_\_\_\_

I fully understand that as a volunteer, I do not work for any member County or NWCCOG as an employee; therefore, I am not entitled to workers' compensation benefits and will not be provided any lost wages or permanent disability benefits for my regular employment. **Initials** \_\_\_\_\_

I certify that all information in this application is true and complete. I understand that misrepresentation or omission of facts requested is cause for non-appointment or dismissal as a volunteer. I agree to comply with a criminal background and driving record check. **Initials** \_\_\_\_\_

I understand that volunteerism is a privilege, not a right, and that my placement in a volunteer position is conditional upon successfully completing the application, screening, and training requirements. I also understand that until the application process is complete, my volunteer activity cannot be recorded. **Initials** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Note:** Work on Board of Directors or Advisory Councils for any non-profit or governmental agency is considered volunteer service.

**Self-Identification**

The volunteer program does not discriminate on the basis of race, ethnicity, religion, sex or sexual orientation without exception.

\_\_\_\_ Hispanic or Latino    \_\_\_\_ White    \_\_\_\_ Black or African American    \_\_\_\_ Asian    \_\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_\_ American Indian or Alaska Native    \_\_\_\_ Two or More Races

**Protected Veteran Status**

\_\_\_\_ Yes, I am a Veteran    \_\_\_\_ No, I am not a Veteran    \_\_\_\_ Choose not to answer

**Please read, complete and sign to assign benefits from the insurance coverage provided through the volunteer program.**

I volunteer my services through the volunteer program of the Alpine Area Agency on Aging and understand that I am not an employee of the County, NWCCOG, or Alpine Area Agency on Aging. I understand that if I use my personal vehicle in any of my volunteer assignments, I will arrange and keep in effect a valid driver's license and automobile insurance equal to the minimum required by Colorado State law. I designate as beneficiary of my accidental death insurance the following:

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Beneficiary name

Relationship

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Beneficiary Address, City, State & Zip

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Volunteer Signature

Return to:

**Northwest Colorado Council of Governments**

ATTN: Volunteer Coordinator

PO Box 2308

Silverthorne, CO 80498

(970) 468-0295 ext. 122

FAX: (970) 468-1208

[volunteers@nwccog.org](mailto:volunteers@nwccog.org)

Website: <http://nwccog.org/programs/alpine-area-agency-on-aging/rsvp/>