



EMPLOYMENT INQUIRY RELEASE

In consideration for employment, internship, volunteering, independent contractors, or in some cases, promotion, with Foothills Park & Recreation District, on our behalf, Background Information Services, Inc. (BIS, Inc.) may make inquiries, including but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, residency, immigration status, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination of past employment.

For Foothills purposes, the following checks are performed for applicants under 18 years of age: Social Security verification, National Crime Index, County Criminal. For applicants 18 and older: Social Security verification, Address Search, National Crime Index, County Criminal, and where necessary for the position, a motor vehicle record or State Repository. For volunteers: County Criminal and National Crime Index. In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of information obtained from BIS, Inc. and, in that event, we will provide a copy of the report we receive and the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act".

Please complete and sign the form that follows, authorizing, without reservation, any party, including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by BIS, Inc. to furnish any or all of the above listed information. Your authorization releases BIS, Inc. and Foothills from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to BIS, Inc. the above mentioned information as requested, in order to successfully complete a background investigation. **Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.** For your records, a copy of this completed notice that a consumer report may be obtained for employment purposes will be provided at your request. Please retain it for your records.

Your signature signifies that you have read, understand, and consent to these statements that your employment, internship, acceptance of contract or volunteer position with Foothills Park & Recreation District is contingent upon an investigative consumer report from a consumer reporting agency. Any false information, omissions, or data obtained via the investigative consumer report may disqualify you from further consideration for placement or employment and may justify your dismissal when discovered at a later date. You understand that subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, you understand that you have been hired at the will of Foothills and your employment may be terminated at any time, with or without cause and with or without notice. If you are an intern, or a volunteer, you understand that you are placed at the will of Foothills and your internship, or volunteer position may be terminated at any time, with or without cause and with or without notice. If you are an independent contractor, you understand that your contract with the District shall have specific details as to the termination of such contract.

You further understand that your signature signifies that you have been offered a job, offered a contract for employment, offered an internship, or offered a volunteer position with Foothills Park & Recreation District, and that offer may have been in writing or done verbally with you by a representative of the District. This release shall remain effective for your entire period of employment, placement or contract and shall be used to conduct any further or future background checks that may be deemed necessary by Foothills Park & Recreation District.

**I authorize the release of the results of a BIS background check to the agency listed below:
Foothills Park & Recreation District, 6612 S. Ward Street, Littleton, CO 80127**

APPLICANT: PLEASE PRINT ALL INFORMATION REQUESTED

In the last 7 years have you ever been convicted of any law violation (except a minor traffic violation)? ___ Yes ___ No
Is an MVR required also? ___ Yes ___ No (If Yes, please fill out "Permission for Release of Individual Records" form.)

PRINT FULL LEGAL NAME	
SOCIAL SECURITY #	DATE OF BIRTH*
STREET ADDRESS	CITY, STATE, ZIP
DRIVERS LICENSE #	STATE

APPLICANT SIGNATURE _____ DATE _____

FOR ALL APPLICANTS UNDER THE AGE OF 18, PARENT OR LEGAL GUARDIAN SIGNATURE IS REQUIRED.

I hereby grant consent to the employer listed above to conduct a background investigation, as previously described, on the above named individual as part of the job application process.

PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____

PARENT/LEGAL GUARDIAN NAME (Please Print) _____

*Date of birth is being requested only for the purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes. Investigations completed by: Background Information Services, Inc. 1800 30th Street, Suite 204 • Boulder, CO • 80301 • 800-433-6010

RESIDENCE FORM

PLEASE INCLUDE ALL INFORMATION FOR THE PAST 7 YEARS:

CURRENT NAME: _____

OTHER NAMES USED WITHIN LAST 7 YEARS AND DATE OF CHANGE: _____

• PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ FROM: MONTH/YEAR ____/____ TO: MONTH/YEAR ____/____

• PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ FROM: MONTH/YEAR ____/____ TO: MONTH/YEAR ____/____

• PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ FROM: MONTH/YEAR ____/____ TO: MONTH/YEAR ____/____

• PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ FROM: MONTH/YEAR ____/____ TO: MONTH/YEAR ____/____

• PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ FROM: MONTH/YEAR ____/____ TO: MONTH/YEAR ____/____



Department: Athletics
 Dept. Supervisors: Wes Dulin,
 Mike Hanson

VOLUNTEER APPLICATION FORM

Name (Last):		Name (First, MI):				Date:		
Street Address:		City/State/Zip:				Phone:		
Email Address:		Emergency Contact (Name & Number):						
Volunteer Position Desired:								
Dates of Volunteer Service: From To								
Please list the times that you will be available to volunteer.								
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Hours								
Education	Name of Institution & Location:				Number of Years Completed:	Diploma/Degree:		
High School								
College								
Current Employer Name:								
Street Address:		City/State/Zip:				Phone:		
Title:		Dates of Service: From To						
References (Please provide at least one personal or professional reference.)								
Name (Last):		Name (First):			Phone:		Years Known:	
Other Information								
List any professional training or certifications or special skills, licenses, or other related items:								
During the last seven years, have you ever been convicted of a crime other than minor traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, please explain:								

All volunteers working in youth sport activities must complete an annual concussion recognition education course specified by the District prior to coaching any youth sport. Certificates of completion must be presented at the time of application.

I understand that this is an application for and not a commitment or promise of a volunteer opportunity. I certify that all information provided is true and complete. I understand that the falsification, misrepresentation or omission of fact on this application will be cause for denial of volunteer opportunities. I understand that I will be subject to a background check before I begin my volunteer service and will be re-checked periodically based on length of volunteer service (5 years or more).

If I am offered a volunteer position with Foothills Park & Recreation District, I understand I am to follow the Code of Conduct. I understand that the use or possession of alcohol or illegal drugs prior to or during the activity I am volunteering for is prohibited. I further understand that I will not receive any type of compensation for my volunteer services and that I am not covered under Foothills Park & Recreation Districts' Workers' Compensation should I suffer any type of illness or injury.

 Signature (Parent's signature required if minor) Date

SUBMIT VOLUNTEER APPLICATION, BACKGROUND CHECK RELEASE, RESIDENCE FORM, YOUTH COACH EXPRESSED STATEMENT, AND CONCUSSION CERTIFICATION TO:
 HR Administrator, Foothills Park & Recreation District
 6612 S. Ward Street
 Littleton, CO 80127
 Confidential Fax: (303) 409-2190 or Email: wenonahm@fhprd.org



Creating Community, Enhancing Health, Inspiring Play

Youth Coach Expressed Statement Re: Concussions

In order to best safeguard its constituents, particularly its young public, the District is in compliance with the Jake Snakenberg Youth Concussion Act that becomes effective on January 1, 2012. As such, all Youth Coaches must complete an annual concussion recognition education course specified by the District prior to coaching any youth sport. Conditions of this act require that coaches identify the signs and symptoms of a potential concussion and take the steps necessary to remove a suspected concussed athlete from participation. Further, if an athlete is removed from participation due to a suspected concussion, authorization from a health care provider is necessary before the athlete may return to the activity.

I understand it is my responsibility to comply with all aspects of the District's policy regarding the Jake Snakenberg Youth Concussion Act.

Printed Name

Signature