

DIVISION OF YOUTH CORRECTIONS
VOLUNTEER/INTERN APPLICATION FORM

Date: _____

Name: _____

DOB: _____

Address: _____

Street

Zip Code: _____

City and State

Home Phone: _____

Business Phone: _____

Education: 9th 10th 11th 12th
(Check last year of school completed)

Years of College: _____

Degree(s) _____

Major/Minor _____

Present Occupation: _____

Employer: _____

Address: _____

Past Work Experience: (Include past volunteer work)

Employer or Company	Position/Duties	Dates Worked
---------------------	-----------------	--------------

--	--	--

--	--	--

Write a brief paragraph stating your reasons for wanting to be a volunteer/intern.

What do you hope to gain from this experience? _____

Community affiliations? (Church, clubs, organizations) _____

Special Skills/Talents/Training? _____

Hobbies/Recreational Activities? _____

Upon a mutually agreed assignment you are agreeing to work: 6 months 1 Year Other-specify:

Addendum A to DYC Policy 20.1

Revised 6/04—Electronic Form

DIVISION OF YOUTH CORRECTIONS
VOLUNTEER/INTERN APPLICATION FORM
PAGE 2

Times you would be available for
volunteer/intern work: Days of the Week _____ Hours: _____

Are you actively seeking employment? Yes No

If you were to become employed, how would this affect your volunteer/intern assignment: _____

How did you hear of our volunteer/intern program? _____

Have you ever been arrested and/or convicted of a crime? Yes No
If yes, for what, when and where? _____

Do you have any medical problems that we should know about? Yes No
If yes, what is the nature of the problem? _____

Please note that any medication being taken by volunteers/interns while at the facility should be brought to the attention of the administration or shift supervisors. All medications should be kept in a secure place to avoid resident access.

References: (Do not include relatives)

1) Name: _____ Association: _____

Address & Phone: _____

2) Name: _____ Association: _____

Address & Phone: _____

3) Name: _____ Association: _____

Address & Phone: _____

Signature: _____ Date: _____

VOLUNTEER AGREEMENT

I _____ volunteer to serve as _____
_____ for the Division of Youth Corrections.

As a volunteer, I agree to:

1. Report on _____ from _____
_____ to _____
Time Time
2. Undergo a training period.
3. Comply with facility or program policies and procedures, especially those relating to facility security and confidentiality of client information.
4. Provide volunteer services in the following areas:
 - a. _____
 - b. _____
 - c. _____

The program agrees to provide:

1. On-site training.
2. Sound guidance and direction.
3. Periodic review and evaluation of performance.
4. References for future employment opportunities.

Signature of Volunteer

Date

Facility Director, Regional Director and/or Designee's Signature

Date

CENTRAL REGISTRY OF CHILD PROTECTION
****COLORADO DEPARTMENT OF HUMAN SERVICES****

The Central Registry requires the following information in order to provide a reliable response to your inquiry. Please fill in all the blanks. Also be advised that any request on an individual who is neither a current nor prospective applicant for employment commits a Class 1 Misdemeanor and shall be punished as provided in C.R.S. 18-01-106.

NAME OF INDIVIDUAL PLEASE PRINT ALL INFORMATION DO NOT USE "N/A" IN THIS FORM

First Name	Middle Name	Last Name	Alias/Maiden Name
Date of Birth	Sex: M/F	Race	Social Security Number
Current Address		City/State	Zip Code
Mailing Address		City/State	Zip Code
Previous Address		City/State	Zip Code

SPOUSE/FORMER SPOUSE/PARENT(S) OF YOUR CHILDREN (Add additional names on the back of this form)

First Name	Middle Name	Last Name	Alias/Maiden Name
Date of Birth	Sex: M/F	Race	Social Security Number

CHILDREN - Use full names. Add additional children on the back of this form.

1) Name	Date of Birth	Sex: M/F
2) Name	Date of Birth	Sex: M/F
3) Name	Date of Birth	Sex: M/F
4) Name	Date of Birth	Sex: M/F

Signature of Individual

Date

COLORADO DEPARTMENT OF HUMAN SERVICES
BACKGROUND INVESTIGATION UNIT
DISCLOSURE FORM

(PLEASE PRINT LEGIBLY)

Name: _____
First Middle Last Alias/Maiden Name

Mailing Address: _____
City/State Zip Code

Date of Birth: _____ Social Security # _____ Phone # _____

Male Female Race _____

CRIMINAL HISTORY

Have you ever been convicted of a crime, or do you currently have charges pending? Yes _____ No _____
(Include felonies, misdemeanors, deferred judgments, deferred sentences, and pleas of no contest. You may include the final disposition copy of any charges to expedite consideration of the application.)

If Yes, include charges, dates of conviction and city and state of jurisdiction (the back of this form may be used):

TRAILS - Trails is a database in which incidents of child abuse or neglect are maintained. BIU must include this check in the background process.

SPOUSE/FORMER SPOUSE/PARENT(S) OF YOUR CHILDREN (add additional names on the back of this form).

Name: _____
First Middle Last Alias/Maiden Name

Date of Birth: _____ Male Female Race _____ SSN: _____

CHILDREN - Use full names. Add additional children on the back of this form.

Name: _____ Date of Birth: _____ Male Female

Name: _____ Date of Birth: _____ Male Female

CERTIFICATION AND AUTHORIZATION. I certify that I have read, understand and accept the terms described in the Employment Background Check Information Sheet. I understand that initial hiring and continued employment with the Colorado Department of Human Services is contingent upon the satisfactory completion of a Colorado and Federal Bureau of Investigation check, criminal history clearance, drug screen, HHS Exclusion List clearance, TRAILS clearance, and fitness for employment check. I consent to the urine sample collection and testing for controlled substances. I hereby authorize representatives of the Colorado Department of Human Services to make any and all appropriate inquiries regarding my background; and I waive, release, and discharge, its employees and agents from any and all claims that may result from such actions. I certify that all statements and information provided herein are true, complete, and correct. I understand that any false or incomplete information may be cause for rejection of my application, termination of employment, removal from the eligible list, and/or disqualification.

Signature of Individual _____ Date _____

(FOR CDHS OFFICE USE ONLY)

REQUESTED BY: _____ PHONE # _____

REQUESTING AGENCY: _____ JOB CLASSIFICATION _____

TYPE OF BACKGROUND CHECK: EMPLOYEE CONTRACTOR OTHER

CHECK IF POSITION REQUIRES A COLORADO COMMERCIAL DRIVER'S LICENSE (CDL) _____

CDHS Employment Background Check Information Sheet

In helping individuals, families and communities to be safe and independent, the Colorado Department of Human Services (CDHS) intends to protect vulnerable individuals receiving services from CDHS from persons with a history or propensity toward abuse, assault or similar offenses against others.

All applicants and/or contracting employees who will have direct contact with individuals are required to successfully pass an employee background check. As stated in the job announcement, background clearance is a condition of employment. Adverse information itself is not necessarily disqualifying. However, an applicant or employee providing false information or knowingly omitting information during the background check process is subject to disqualification or termination. Successful completion of all elements of the employee background check may require one to work under conditional status pending the final outcome.

An employee background check includes the following:

- **Name search of CBI records.** Name checks are checks completed using Colorado Bureau of Investigation (CBI) criminal history record information (CHRI). This information is based on name, birth date and social security number only. If your name is returned with CHRI it will be checked against the Vulnerable Persons Act, § 27-1-110 to ensure that your CHRI does not meet criteria in the law. If you have charges that meet criteria in the law, you will be sent a letter asking for disposition information if none is available. A disposition is the final outcome of the court case. To obtain disposition information, you must call or go to the court where the case was heard and ask the court clerk for the final disposition of the charges listed in the letter. You must respond within 30 days or you will be disqualified from the position for which you applied. You can be disqualified if you have been convicted of a crime listed in the Vulnerable Persons Act, § 27-1-110 (7), C.R.S.
- **TRAILS check.** This check reviews the child abuse and neglect records and reports in the TRAILS database. Founded cases of abuse or neglect will result in a disqualification from the position for which you have applied. Applicants who disagree with the information reported in TRAILS should contact the Dispute Resolution Section, Office of Appeals (303) 866-5934 and ask the state to review the county department's records.
- **HHS OIG Exclusion Program check (HCFA check).** This check reviews the U.S. Department of Health and Human Services, Office of Inspector General's database of exclusions, i.e., those individuals who are excluded from participating in federally funded health care programs due to a program violation such as, but not limited to, a felony drug charge or an incident of patient abuse.

Please note that the Hiring Authority may proceed with the hiring process with those individuals who have been referred after successful completion of the background process. Your name can only be referred to the Hiring Authority after the above checks have been successfully passed.

Once a job offer has been made, the following is required:

- Fingerprint search of CBI and FBI records. During orientation, you will be fingerprinted so that both a Colorado CHRI search and a national CHRI search using fingerprints can be completed. These checks are more accurate than a Name Search. Results for the information obtained from CBI can take two to four weeks to obtain. Information from the Federal Bureau of Investigation (FBI) may take six to eight weeks after the receipt of CBI results for the Background Investigation Unit (BIU) to obtain. You can be disqualified if you have been convicted of a crime listed in the Vulnerable Persons Act, § 27-1-110 (?), C.R.S. If you have charges that meet criteria in the law, you will be required to provide disposition information if none is available. You must respond within 2 weeks or you will be disqualified from the position. If you are disqualified, the offer of employment will be withdrawn or if you have started employment, you will be terminated or may request to resign.
- Drug screen. Drug screens are required by CDHS policy and are conducted for all positions with direct contact. All pre-employment urine collection is done at a contracted test site and the sealed samples are sent to a certified laboratory. Test results are reported to the Background Investigation Unit (BIU). If you fail the drug test, you are disqualified from being considered for any direct care position for six months from the date of the testing. The offer of employment will be withdrawn or if you have started employment, you will be terminated or may request to resign.
- Fitness-for-Employment check. A fitness-for-employment check is a communication (written or verbal) with an applicant's previous employers to determine the applicant's fitness for employment. A negative fitness for employment check may result in your removal from the eligible list, disqualification and/or termination or you may request to resign.