

# COMMUNITY VOLUNTEER APPLICATION

**\*SCHOOLS: SEND APPL. W/COPY OF COLORADO DRIVER'S LICENSE**

**FOR OVERNIGHT CHAPERONES**  
**RISK MANAGEMENT - [risk.mgt@dcsdk12.org](mailto:risk.mgt@dcsdk12.org)**

**FOR ALL OTHER NON-PARENTS: SECURITY**  
**[volunteer-backgroundsusergroup@dcsdk12.org](mailto:volunteer-backgroundsusergroup@dcsdk12.org)**

The Douglas County School District RE-1 ("DCSD") Board of Education encourages volunteering with DCSD, in an effort to encourage ongoing collaboration between DCSD and our families and community.

## 1. Personal Information

Name (please print) \_\_\_\_\_ **Colorado Driver's License** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Address: \_\_\_\_\_

## 2. Placement Information

<input type="checkbox"/> School/Classroom	<input type="checkbox"/> Other	<input type="checkbox"/> Elementary Enrichment (Before/After School Programs)
<input type="checkbox"/> Overnight Chaperone/Driver: Date of Overnight Trip _____		

_____ School Requested	_____ Contact Person at School	_____ School Contact Email
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## 3. Work Experience

Current or Most Recent Position \_\_\_\_\_ Organization \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Employment Dates (Mo/Yr - Mo/Yr) \_\_\_\_\_

Specific Responsibilities \_\_\_\_\_

Reason for leaving (if applicable) \_\_\_\_\_

## 4. References

Please list three people who you have known in a work and/or volunteer capacity or on a personal level:

_____ Name	_____ Work/Home/Cell Phone	_____ Relationship
_____ Name	_____ Work/Home/Cell Phone	_____ Relationship
_____ Name	_____ Work/Home/Cell Phone	_____ Relationship

## 5. School/Classroom Experience

For the best possible placement, please answer the following questions:

1. What experience have you had working with children?

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2. Do you have any special skills, qualifications or capabilities that would help us place you?

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3. What type of volunteer work are you most interested in?

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## 6. Background Questions

Have you ever been convicted of, pled nolo contendere (no contest) to, or received a deferred sentence or deferred prosecution for a felony, a misdemeanor crime involving unlawful sexual behavior, or unlawful behavior involving children? ☐ Yes ☐ No

Have you ever been convicted of any other misdemeanor, other than a misdemeanor traffic offense or traffic infraction?

(Conviction will not automatically disqualify you.) ☐ Yes ☐ No

If your answer is "Yes" to either of the above questions, please provide the details, including a description of the felony or misdemeanor charge, the date of the disposition of the charge, and the court involved: \_\_\_\_\_

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## 7. Terms and Conditions

**7a. Visitor Badge:** The Volunteer shall sign in and out of the School every day and shall wear a visitor's badge at all times when on DCSD property.

**7b. Confidentiality:** While engaged with Douglas County School District RE-1 ("DCSD") and afterwards, volunteers must preserve the confidentiality of all DCSD employee and student records, and other proprietary and confidential information, and may not use any of this information to benefit himself or herself or any entity, business, or person other than DCSD. Accordingly, I agree and acknowledge that I will preserve the confidentiality of all proprietary and confidential information belonging to DCSD or its employees and students, including but not limited to employee personnel files or student records, both while I am providing services to DCSD and afterwards, and I will not take or misuse any confidential information at any time. I further acknowledge and agree to comply with all applicable DCSD policies in connection with performance of my volunteer services. I also agree and acknowledge that, upon DCSD request or upon termination of my services, I will promptly return all DCSD property, specifically including all documents, disks or other computer media or other materials in my possession or under my control that contain ideas, processes, concepts or other proprietary or confidential information belonging to DCSD or its employees or students.

**7b. Background Check (PLEASE READ CAREFULLY):** Completion of this form hereby authorizes DCSD to conduct a complete criminal background investigation of each volunteer applicant, which may include consultation with other federal/state law enforcement agencies and the Colorado Department of Education. Pursuant to this investigation, you may be contacted by representatives of DCSD to arrange for submission of a complete set of fingerprints, as authorized by law, or provision of additional information regarding the investigation.

Please note, a criminal conviction is not an automatic bar to volunteering. A volunteer applicant's submission below of false or misleading information, or failure to disclose requested information, may disqualify the applicant from further consideration for volunteering, result in dismissal from volunteering if discovered at a later date, or cause DCSD to submit this application and investigation results to the district attorney for possible criminal prosecution. For purposes of the certification below, a "conviction" means any conviction by a jury or a court, any payment of a fine, a plea of "no contest"/nolo contendere, imposition of a "deferred" or "suspended" sentence, or forfeiture of any bail, bond or other security. "Misdemeanor" includes any drug or alcohol-related misdemeanor driving offense, but does not include any other misdemeanor traffic offense or traffic infraction.

**7d. Workers' Compensation:** Volunteer acknowledges and agrees that there is no employment relationship between DCSD and volunteer. Volunteer acknowledges and agrees that they are not entitled to compensation or other benefits from the DCSD, and that they are not covered by the District's workers' compensation or other insurance policies.

**7e. Liability:** Volunteer assumes liability for, and indemnifies and holds the DCSD, its directors, employees, and agents harmless from and against, all liabilities, costs, and expenses, including, but not limited to, attorneys' fees, arising out of the acts or omissions of the volunteer.

**7f. Mandatory Reporter:** Volunteer acknowledges and agrees they are a mandatory reporter of any and all signs of student abuse. Reports are to be provided to the Principal or the Principal's designee.

**7g. COVID-19:** While participating in events held or sponsored by Douglas County School District ("DCSD") "social distancing" must be practiced and face coverings worn at all times to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, DCSD has put in place preventative measures to reduce the spread of COVID-19. However, DCSD cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

## 8. In Witness Whereof

As a Community Volunteer assisting within the Douglas County School District RE-1 ("DCSD"), you have been authorized by the Principal or the Principal's designee to act as a school official subject to the direction and control of the school's administrators and teachers. You understand and agree that your failure to maintain the confidentiality of all student education records and information to which you are given access may disqualify you from further service as a community volunteer in the DCSD.

By providing the information requested and typing your signature below, you consent to the DCSD conducting a background check and understand that the District reserves the right to decline the volunteer service of anyone.

**\*\*\* PLEASE ATTACH A PHOTOCOPY OF YOUR VALID COLORADO DRIVER'S LICENSE TO THIS APPLICATION \*\*\***

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Applicant Print Name

Signature

Date