Adult Volunteer Application

Name: _____ Today's Date:_____

Sex: _____Home Phone: _____ Cell Phone: _____E-mail _____

Address: _____ Zip: _____

Employment: _____ Work Phone: _____

Any health problems? (eyesight, hearing, walking, lifting, etc.)

_____

In case of emergency, please notify:

_____

Relationship:

_____

Home Phone: _____Cell Phone: _____ Work Phone: _____

Who referred you to this community?

_____

Do you have any experience working with or around the elderly? If so, please explain:

_____

_____

What days and times are you available to serve?

_____

When are you ready to begin your volunteer work?

_____

Please list your skills, interests, hobbies, community activities, and any languages you speak other than English:

_____

_____

Do you prefer working with large groups, small groups, one-on-one, or independently?

_____

What volunteer opportunities at Eben Ezer do you prefer to be involved with?

_____

Other Comments:

_____

_____

Please give the name and phone number of two references:

1. Name: _____ Phone Number: _____

2. Name: _____Phone Number: _____

Equal Volunteering Opportunity

EELCC is dedicated to the principles of equal employment opportunity. We prohibit unlawful discrimination against applicants or employees on the basis of age, race (including traits historically associated with race, such as hair texture and length, protective hairstyles), sex, sexual orientation, gender identity, gender expression, color, religion, national origin, disability, military status, genetic information, or any other status protected by applicable state or local law. This prohibition includes unlawful harassment based on any of these protected classes. Unlawful harassment includes verbal or physical conduct which has the purpose or effect of substantially interfering with an individual's volunteer performance or creating an intimidating, hostile, or offensive volunteer environment. This policy applies to all employees, including managers, supervisors, co-workers, and non-employees such as volunteers, customers, clients, vendors, consultants, etc.

Photo Permission

I _____, hereby grant my permission to Appear in Eben Ezer's Phoebe magazine and other promotional materials. This gives Eben Ezer Lutheran Care Center the right to use any pictures or videos of my likeness in their promotional materials. I will request no monetary or any other type of compensation to appear in photos or video recordings.

Confidential Information

We at Eben Ezer have an obligation to our neighbors to maintain their confidentiality and respect their privacy. If you are aware of a neighbor's issue that requires immediate help, please inform the charge nurse, Resident Service Director or Community Outreach Manager immediately.

You must not share confidential information or happenings with anyone who does not have a professional right or need to know. Such information is not to be shared with your family, friends or any acquaintances.

Volunteers are not permitted to make copies of any kind, reports, neighbor's information, records etc.

Release of confidential information to unauthorized persons can result in dismissal from service and could involve you in legal proceedings.

I hereby agree to regard all information received in the performance of my volunteer work for Eben Ezer as confidential and I understand my responsibility.

I agree with Eben Ezer policies and guidelines to ensure safety and security for the neighbors. I give permission for the persons listed as references to be contacted and release information to Eben Ezer.

Volunteer Permission

I _____ have read and understand all policies and guidelines, give consent to a background check, reference check, CAPS check and permission to use my photo or video for promotional materials.

Upon submission of this Volunteer Permission, you will receive an email with additional information.

Signature: _____ Date: _____

CAPS Check Request Form

COLORADO
Adult Protective Services
CAPS Check Unit

Certain employers are required to request a check of the Colorado Adult Protective Services (APS) data system (CAPS) during the hiring process of new employees who provide direct care to at-risk adults. Additionally, these employers have statutory authority to request a CAPS check for current employees and volunteers. The CAPS check will alert the employer as to whether or not a prospective or current employee or volunteer has a substantiated finding as a perpetrator of mistreatment of an at-risk adult, to include physical abuse, sexual abuse, caretaker neglect, exploitation, and/or harmful act. More information on the CAPS check requirement can be found in the Colorado Revised Statutes (C.R.S.) under §26-3.1-111 and in the Colorado Code of Regulations (CCR) under 12 CCR 2518-01. Please complete the form in its entirety.

Incomplete or unsigned requests AND/OR requests without full payment of the fee will not be processed and will be returned. Knowingly providing inaccurate information on a CAPS check request is a class 1 misdemeanor pursuant to §18-1.3-501, C.R.S.

Payment must be made with a check or money order for $9.00 per employee payable to CAPS Check Unit. Please note: Cash payments will not be accepted and the request will be returned.

Mail your completed request to:
Colorado Department of Human Services
Division of Aging and Adult Services
CAPS Check Unit
1575 Sherman St., 10th Floor
Denver, CO 80203

EMPLOYER INFORMATION

Employer Name: Eben Ezer Lutheran Care Center

CAPS Check Employer ID # (XXX-##########): EBE-0000001906

REQUESTOR INFORMATION

Requestor Name: Terresa Lauck Requestor Title: Accounting Associate

Requestor Phone Number: 970-842-2861 x9232 Requestor Email: terresa.lauck@ebenezer.org

APPLICANT/EMPLOYEE/VOLUNTEER INFORMATION

First Name:_____ Middle Name: _____ Last Name: _____

Maiden Name/Previous Name(s)/Alias: _____

Date of Birth: _____ SSN (Last 4 digits): _____ DORA License #: _____
(required for all licensed professionals)

Provide the Name(s) of Your Previous Employer(s) Over the Past Five (5) Years: _____

_____

APPLICANT/EMPLOYEE/VOLUNTEER CONTACT INFORMATION

Must provide at least one (1) personal phone number and one (1) email address.

Employee's Personal Email Address: _____

Employee's Work Email Address: _____

Employee's Cell Phone:_____ Employee's Home Phone: _____

Employee's Work Phone:_____ Employee's Work Phone Extension: _____

APPLICANT/EMPLOYEE/VOLUNTEER CURRENT ADDRESS

Current Address Start Date (DD/MM/YYYY):_____

Current Street and Number (No PO boxes): _____

Current Address City: _____ Current State: _____ Current Zip/Postal Code: _____

APPLICANT/EMPLOYEE/VOLUNTEER PREVIOUS ADDRESS HISTORY

All applicants, employees, and volunteers are required to provide five (5) years of residential history, regardless of whether in the U.S. or abroad. If you lived outside the US in the past five (5) years, provide the international address(es), including the name of the city and country. If you listed less than 5 years at the applicant's current address, please list the previous addresses for the past 5 years. Use another sheet of paper, if necessary.

Previous Address Start Date *(DD/MM/YYYY)*:_____ Previous Address End Date *(DD/MM/YYYY)*: _____

Previous Street and Number *(No PO boxes)*: _____

Previous City *(City and country for international addresses)*: _____

Previous State *(Not required for international addresses)*: _____ Previous Zip Code *(Use "00000" for international addresses)*:_____

Previous Address Start Date *(DD/MM/YYYY)*:_____ Previous Address End Date *(DD/MM/YYYY)*: _____

Previous Street and Number *(No PO boxes)*: _____

Previous City *(City and country for international addresses)*: _____

Previous State *(Not required for international addresses)*: _____Previous Zip Code *(Use "00000" for international addresses)*: _____

Previous Address Start Date *(DD/MM/YYYY)*:_____ Previous Address End Date *(DD/MM/YYYY)*: _____

Previous Street and Number *(No PO boxes)*: _____

Previous City *(City and country for international addresses)*: _____

Previous State *(Not required for international addresses)*: _____Previous Zip Code *(Use "00000" for international addresses)*: _____

By my signature, below, I attest that I have received a signed written authorization from the employee/applicant/volunteer to conduct this CAPS Check. My signature also confirms that I acknowledge that this request will flag this employee/applicant/volunteer for any future substantiated findings, and if the employee/applicant/volunteer is still employed by me or my agency at that time, notification of the substantiated finding(s) will be provided to me or my agency. I affirm that I am authorized by Section 26-3.1-111(7), C.R.S. to request this CAPS check. I understand that willfully providing false information on this form is a misdemeanor 1 penalty, punishable as outlined in §18-1.3-501, C.R.S. I declare under penalty of perjury under Colorado Law that this CAPS Check Request Form, including supporting documents, has been examined by me and is true, correct, and complete.

CLEAR FORM PRINT

Signature: _____

Date: _____

COLORADO
Adult Protective Services
CAPS Check Unit