

**Community Education Centers
Community Alternatives of El Paso County
Rick Catron, Director 719-390-1303 Ext. 16
VOLUNTEER APPLICATION**

PERSONAL INFORMATION:

Name: _____ Date: _____

Home Address: _____

Telephone Number: _____ SS# _____

Can you prove your U.S. Citizenship? YES NO

If not a U.S. Citizen, provide your visa number and expiration date: _____

Check appropriate box:

Internship Volunteer Services

Position you would like to volunteer for/why: _____

Other Volunteer work you have done: _____

Where: _____ When: _____

Date you can start: _____

Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses)?

Type of offense: _____

Disposition: _____

Year / State: _____

Are you currently on probation or parole? _____ Expiration Date: _____

Provide the name of the staff member who recommended you as a volunteer? _____

Do you have a family member or friend who is employed or currently in programming at CEC
Colorado? Yes No

Indicate Name(s): _____

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EMPLOYMENT HISTORY: Please provide information about your last two jobs, starting with the most recent.

Employer: _____ Dates Employed: _____

Address: _____

Telephone Number: _____ Supervisor's Name & Title: _____

Reason for Leaving: _____

Employer: _____ Dates Employed: _____

Address: _____

Telephone Number: _____ Supervisor's Name & Title: _____

Reason for Leaving: _____

REFERENCES:

Name: _____ Home Phone: _____

Address: _____

Relationship: _____

Name: _____ Home Phone: _____

Address: _____

Relationship: _____

Applicant Signature: _____ Date: _____

Director's Approval: _____

Revised 05/20/03 CAE Form OPS 96

CRIMINAL HISTORY/WARRANT/ARREST SEARCH REQUEST

REQUESTING AGENCY INFORMATION			
Program Name: <i>Community Alternatives of El Paso County (CAE)</i>			
Program Address: <i>2945 E. Las Vegas Street Colorado Springs Colorado 80906</i>			
Contact Person: <i>Becky Stafford</i>			
Phone: <i>719-390-1303 X15</i>		Facsimile: <i>719-393-0362</i>	
APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)			
Full Name:			
Any Other Names Known By:			
Date of Birth:		Social Security Number:	
Race:	Sex M F	Place of Birth:	
Position Applied for	Previous Employment at a halfway house? Which one?		
<p>A comprehensive background check can ONLY be contained through a complete fingerprint review. A fingerprint card completed in black ink must follow this request within 10 working days.</p>			

Have you ever been arrested, pleaded guilty, or been convicted of a crime? YES NO
 If YES, please explain date, charge location, disposition. Include DUI, DWAI, suspensions, failure to appear:

I hereby certify that all statements in this request have been answered truthfully to the best of my knowledge.

Signature

Date

Signature of Witness

Date

**Community Education Centers
Community Alternatives of El Paso County**

Statement of Confidentiality

Our professional ethic requires that each employee maintain the highest degree of confidentiality when handling resident or company sensitive matters.

In order to maintain this professional confidence, no employee shall disclose residential or company information to outsiders, including other residents or third parties and members of one's own family.

Questions concerning resident or company confidentiality can be addressed to your assigned supervisor or to the Facility Director.

I agree to continue to abide by this statement of confidentiality.

Signature

Date

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