



Snow Squad Volunteer Guidelines

Please do:

- Remove snow from the sidewalks and clear a path to the front door for the resident(s) you are assigned to assist. You are not obligated to shovel the driveway.
- Shovel the snow within 24 hours after a snowstorm ends. The City code gives citizens 24 hours from the point at which the snow stops falling to clean their sidewalks. Please attempt to complete the shoveling soon after the snow has stopped falling. We may contact you if your recipient has an emergency and needs to have his/her walkways shoveled before 24 hours has passed.
- Notify the Aging Well Resource Center at (303) 795-3980 if you are unable to shovel the walks for your recipient. We will attempt to coordinate a temporary replacement.
- If possible, call your recipient before going to his/her home-this is especially important the first time you shovel for him/her.

Please do not:

- Shovel if it is a light snow and you think it will melt on its own in 24 hours.
- Accept any payment or a tip for your services.
- Give any phone number(s) to your recipient.
- Enter the resident's home, for yours and his/her safety.

Remember:

- To take your own shovel or borrow one from the Aging Well Resource Center if your recipient doesn't have one.

HAVE FUN! Know that you are making a difference in your community!! Thank you!



Snow Squad Volunteer Application

Snow Squad is a volunteer program administered by the City of Littleton and is intended to provide snow removal assistance for city residents who are unable to shovel their sidewalks and have no other available help.

NAME _____ DATE _____
ADDRESS _____ CITY _____ ZIP CODE _____
PHONE (Home) _____ (Cell) _____
(Work) _____

EMERGENCY CONTACT

Name _____ Phone _____

Would you like to shovel snow for more than one home? ___Yes ___No If so, how many? _____

Do you have a snow shovel? ___Yes ___No Do you have a snow blower? ___Yes ___No
Do you have any special requests or requirements?

I hereby request placement as a Snow Squad program volunteer and have read and understand the Snow Squad Volunteer Guidelines. I agree that I will contact the Aging Well Resource Center at (303) 795-3980, or awrc@littletongov.org for any questions or concerns.

NAME (Please print) _____

SIGNATURE _____ DATE _____

Please email your completed application to awrc@littletongov.org or mail to the Aging Well Resource Center, c/o Bemis Public Library, 6014 S. Datura St., Littleton, CO 80120. Thank you!



Screening Consent Form

DEPARTMENT: _____

POSITION: _____

Personal Information

Full Name (no nicknames):		
Maiden Name/Other Names Used:	Date last used:	
Maiden Name/Other Names Used:	Date last used:	
Social Security Number: - -	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Drivers License Number:	State:	
Home Phone:	Emergency Contact:	Relationship:

Have you been convicted of any violations (or is action pending by any law enforcement agency) in the last seven (7) years? Include court martial's, but do not include juvenile convictions or traffic violations resulting in a fine of \$100 or less.

Yes No If yes, list all violations below, include dates and arresting agency. Attach additional pages if necessary. (A conviction will not necessarily bar an applicant from employment)

All addresses for the last SEVEN years: (attach additional pages if necessary)

1.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Years From - To
2.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Years From - To
3.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Years From - To
4.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Years From - To
5.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Years From - To
6.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Years From - To
7.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Years From - To

Authorization to Release Information and Records

I, _____, hereby authorize the City of Littleton and/or their agent to conduct an appropriate background investigation of my former employment, education, credit files, and criminal records for determination of my eligibility for employment; volunteer or other placement. I authorize all persons who may have information relevant to this investigation to disclose it to *Choice Screening* and/or their agent. I release and agree to hold harmless all persons providing such information and *Choice Screening*, its officers, directors, employees and agents from liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information or files in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15 USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Choice Screening, the following information and/or copies of documents from my military service record: 00214, service record, and any disciplinary records.

I understand that these searches may be used to determine work assignment, or employment eligibility. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from Choice Screening 13000 E. Control Tower Rd. Suite 216, Box L3 Englewood, CO 80112 at telephone number (720) 974-7878. After reading this document, I fully understand its contents and authorize the background verification.

I hereby certify that all information provided in this authorization is true, correct and complete.

Signed this _____ day of _____, 20_____.

Applicant Signature: _____

