

**Volunteer Application**

Colorado Outdoor Learning School/Cross Bar X Youth Ranch

2111 CR 222 Durango, CO 81303 Phone: 970-259-2716 Fax: 970-259-8006 E-mail: tim@cooutdoorschool.com

We appreciate you taking the time to apply for volunteer work at CBX and COLS. Please type or print in ink this application. We will look forward to hearing back from you!

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Other Name(s) Used \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Person to be notified in case of emergency \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Driver's License Number and State \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Health**

Working at COLS is very demanding physically and emotionally. Are you in good health? \_\_\_\_\_

For your personal health and safety is there anything that we need to be aware of?

\_\_\_\_\_  
\_\_\_\_\_

Do you currently have a medical insurance policy? \_\_\_\_\_

**Personal issues and interests**

How would you describe your personality? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there any specific type of volunteer work would you like to do? \_\_\_\_\_

\_\_\_\_\_

**Youth Experience**

Please state briefly your experience in working with youth. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal References**

List three personal references that we can contact.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Background Check Authorization**

Have you been convicted of any offense other than a minor traffic violation?  yes  no

If yes, please provide details on a separate sheet of paper. Upon acceptance to Colorado Outdoor School we may complete a background check as we are a licensed child care facility.

The information contained in this application is correct to the best of my knowledge. I hereby authorize Colorado Outdoor Learning School and Cross Bar X Youth Ranch and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Colorado Outdoor Learning School, Cross Bar X Youth Ranch, or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Colorado Outdoor Learning School and Cross Bar X Youth Ranch the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

**Release of Liability**

I understand that there might be risks and dangers connected with some of the activities, including but not limited to camping, hiking, backpacking, climbing-wall, rappelling, white water rafting, swimming in a natural spring fed lake, high ropes course, horseback riding, water tubing, service activities, and other activities specific to a COLS and Cross Bar X's experience that are conducted at Cross Bar X and on trips and special outings away from Cross Bar X, and I agree to release the Camp, its owners, directors and its employees from any liability, legal actions or claims which I have, or might have, for any damage or injury as a result of being a volunteer at COLS and Cross Bar X or from participating in any activity that results in damage or injury or loss or damage of personal property, whether caused by the negligence of COLS and Cross Bar X its owners, directors, employees, agents or otherwise. The agreement is deemed to be entered into in the State of Colorado and to be governed and enforced pursuant to Colorado law.

I agree that this agreement will be governed by and construed in accordance with the laws of the State of Colorado. If a controversy, claim, or dispute arises out of or relates to this Document or my participation in a COLS or Cross Bar X experience or use of Cross Bar X equipment, and if the controversy, claim, or dispute cannot be settled through direct discussions, I will endeavor first to settle the controversy, claim, or dispute in an amicable manner through mediation administered by the American Arbitration Association under its Commercial Mediation Rules before resorting to arbitration. I submit to the exclusive jurisdiction of any court of the State of Colorado located in the County of La Plata for the purpose of any suit, action or other proceeding, including those for personal injuries, arising from or related to Cross Bar X or this agreement. I agree that in any event that I take any legal action against COLS or Cross Bar X, which is decided in favor of COLS or Cross Bar X, I will be responsible for all legal fees, court costs and out-of-pocket expenses of COLS or Cross Bar X, its owners and employees.

I accept responsibility to provide medical insurance in the event of any accident or injury while at the camp. Authority is granted

without limitation to COLS or Cross Bar X, its directors, employees and agents in all medical matters to hospitalize, treat, and order injection, anesthesia, and surgery. I am responsible for advising/providing to COLS or Cross Bar X, its directors, employees and agents all pre-existing medical conditions, out-of-camp medical, surgical, hospital, pharmaceutical, allergy expenses and for providing adequate quantities of necessary medications and allergy serums. I hereby state that I am in good, normal health and have no abnormal physical, emotional or mental handicaps. I understand that I assume full financial responsibility for any medical treatment rendered for myself outside of these policy limits or for pre-existing conditions not covered by said policies. I therefore represent that I have adequate health, disability and life insurance, or I have made adequate alternate arrangements for myself to cover any such expenses.

The undersigned further releases COLS and Cross Bar X Youth Ranch from any and all actions, causes of action, liability, claims and demands upon or by reason of any damages, loss, injury or suffering which may occur. COLS and Cross Bar X Youth Ranch actively works to minimize the risks associated with camp activities. In case of emergency, I understand every effort will be made to contact my emergency contact.

I hereby give COLS and Cross Bar X and its representatives and agents absolute permission to use photographs, videotapes and other images, quotations from comment/evaluation forms and voice reproductions of me for any purpose and media, and waive any proprietary, personal or other right to inspect and pre-approve such use. I also release and hold COLS and Cross Bar X and its representatives and agents harmless from any and all claims of blurring or distortion or alteration of such images or voice, whether intentional or otherwise.

**I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND ALL THE TERMS OF THIS AGREEMENT. I AM VOLUNTARILY EXECUTING THE AGREEMENT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE ON BEHALF OF MYSELF, HEIRS, NEXT OF KIN, EXECUTORS, AND PERSONAL REPRESENTATIVES. I AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS THAT I OTHERWISE MAY HAVE. NO ORAL REPRESENTATIONS STATEMENTS OR INDUCEMENTS APART FROM THOSE CONTAINED IN THIS AGREEMENT HAVE BEEN MADE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_