The attached packet of materials contains the necessary forms needed for your Human Resources file. The following is a brief explanation of these forms and some other issues that volunteers should be aware of. **Failure to complete all information included in this packet in full, will result in denial of volunteer work.** If you have any questions or need further information, please contact the Human Resources Office at (303) 360-4823.

1. The first form is the *Volunteer Waiver of Liability*. This form must be completed in its entirety before volunteer work can begin. Please be as specific as possible with regard to the activities that you will be performing.

2. The second form is the *Applicant Authorization & Consent for Release and Disclosure of Information*. This form must be completed in its entirety before volunteer work can begin and your continued volunteer work is contingent upon the results of your background check.

3. The second form is the *Applicant’s Oath*. If you have been convicted of a felony or a misdemeanor (not including a traffic offense), the second part of this form must be completed.

4. The third form is the *Personal Data Form*. If you are not a U.S. citizen or are in the U.S. on a VISA, please include a copy of the official documents declaring you thus.

5. The fourth form is the *Employment Eligibility Verification Form (I-9)*. Employers are required to have this form on file for all volunteers. Proper identification is required. A representative from the Human Resources Office must examine and copy your documents, and complete and sign the employer section of the I-9 form. See the backside of the I-9 form for a list of acceptable documents.

6. The fifth form is the *Loyalty Oath Form*. Please complete this form only if you will be teaching. All instructors teaching with the Community College of Aurora is required to complete this form. This form must be signed (in the presence of a notary) and notarized.

Human Resources/Payroll
**Attention!!!**

When completing your volunteer packet, please make sure that it is complete and submitted to the Human Resources Office (A201) before starting volunteer work. If anything is missing, this will result in denial of approval to volunteer.

Make sure the following items are included:

- Your Applicant Authorization & Applicant’s Oath (background check authorization);
- The Loyalty Oath that must be notarized (for instructors only);
- A copy of your Driver’s license and social security card (other acceptable forms of identification can be found on the back of the I-9 form). These **must be examined and copied by a CCA Representative. Please bring them with you.**
**Volunteer Waiver of Liability**

I, ___________________________________________, release the State of Colorado, Community College of Aurora, its Employees, Students and Customers from any liability for personal injury while serving as an authorized volunteer at Community College of Aurora. I understand that I will be performing the following act(s) for the benefit of a public entity during the time period indicated below at the request of and subject to the control of such public entity, herein referred to as CCA.

As an authorized volunteer, I understand that I will not be receiving compensation for the acts I perform and therefore am not an employee of CCA. I understand that I will not be covered by Worker’s Compensation.

<table>
<thead>
<tr>
<th>Volunteer Period (dates and/or times of activity)</th>
<th>Activity</th>
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I understand the conditions of becoming an authorized volunteer and agree to the terms stated above.

<table>
<thead>
<tr>
<th>Signature of Volunteer</th>
<th>Date</th>
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</table>

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<tr>
<th>Witness</th>
<th>Date</th>
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</table>
We truly welcome your application for volunteer work at the Community College of Aurora (hereinafter referred to as “CCA”). We require, as a condition of volunteer work, that all applicants must consent to and authorize a pre-volunteer verification of the background information submitted on their application and attached forms.

I authorize CCA and Background Information Services, Inc. (hereinafter referred to as “BIS”), a consumer reporting agency, to retrieve information from all educational institutions, government agencies, law enforcement agencies at the federal, state or county level, any agencies or individuals, relating to past activities, to supply information concerning my background, and release the same from liability resulting in providing such information. The information received may include, but not limited to previous education, motor vehicle, social security, credit and a criminal background check. I understand that the consumer report may be prepared summarizing this information.

I authorize BIS and any of its agents/designated representatives, to disclose orally, electronically, and in writing the results of its verification process and/or interview to the designated authorized representatives of CCA.

I do hereby discharge CCA, its agents, BIS, and its associates, to the full extent permitted by the law from damages, losses, liabilities, costs and expenses, or other charge of complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if adverse action is taken based on information obtained by CCA and to receive orally, written or electronically, a copy of the consumer report and a description of the rights of a consumer.

I hereby certify that all of the statements and answers set forth on the application and attachment forms are true and complete to the best of my knowledge, and I understand that if subsequent to volunteer work any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for termination of volunteer work.

________________________________________________     ________________________________________________
Applicant’s Signature                Printed Name

________________________________________________     ________________________________________________
Other names you have used               Date of Birth

List any cities and states, including the county, where you have lived in the past 7 years

________________________________________________     ________________________________________________

List your current address with zip code

________________________________________________
Applicant’s Oath

Name: ___________________________ Maiden ___________________________

Last First

Social Security # ___________________________ Date of Birth ___________________________

PLEASE READ CAREFULLY

✔ A person is deemed to have been convicted of committing a felony or misdemeanor if such person has been convicted under the laws of any state, the United States, or any Territory subject to the jurisdiction of the United States of an unlawful act, which, if committed within this state, would be a felony or misdemeanor.

✔ “Convicted” means a conviction by a jury or by a Court and shall also include the forfeiture of any bail, bond, or other security deposited to secure appearance by a person charged with having committed felony or misdemeanor, the payment of a fine, a plea of nolo contendere, and the imposition of a deferred or suspended sentence by the Court.

I have read the above, I am the above listed applicant, and I do hereby certify under penalty of perjury, either:

☐ 1. I have never been convicted of a felony or misdemeanor (not including a misdemeanor traffic offense or traffic infraction).

☐ 2. I have been convicted of a felony or misdemeanor (not including a misdemeanor traffic offense or traffic infraction) and I have attached documentation which specified the felony or misdemeanor for which I was convicted, the date of the conviction(s) and the name and address of the Court which entered the judgment or conviction. Information specifying the felony or misdemeanor for which I was convicted is as listed on the next page.

I hereby affirm that all information on and with this oath is true and complete to the best of my knowledge. I understand that any intentional misrepresentation of facts or falsification of statements on and with this attestation shall result in my termination and may be punishable by law.

Applicant’s Signature ___________________________ Date ___________________________

NEXT PAGE MUST BE COMPLETED IF NUMBER 2 ABOVE IS CHECKED
Name: ________________________________ Social Security # ____________________

Last            First

Please Specify All Convictions Below:

(1) ________________________________ ___________________________ Date of Conviction
Felony or Misdemeanor Charge
Name & Address of Court:

(2) ________________________________ ___________________________ Date of Conviction
Felony or Misdemeanor Charge
Name & Address of Court:

(3) ________________________________ ___________________________ Date of Conviction
Felony or Misdemeanor Charge
Name & Address of Court:

(4) ________________________________ ___________________________ Date of Conviction
Felony or Misdemeanor Charge
Name & Address of Court:
## Personal Data Form

<table>
<thead>
<tr>
<th>Name</th>
<th>Last</th>
<th>First (as it appears on social security card)</th>
<th>Middle</th>
<th>Social Security #</th>
</tr>
</thead>
</table>

### Current Street Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

### Home Phone (include area code) | Work Phone (include area code) | Cell Phone (include area code) |

### Sex:  
- Male  
- Female

### Date of Birth: 

### Citizenship—Check One:

- AS—Refugee
- RA—Resident Alien
- N—Non U.S. Citizen
- Y—U.S. Citizen
- OT—Other VISA Type
- Y—U.S. Citizen

**Citizenship Information—if other than a U.S. Citizen, you must include copies of your official documents.**

<table>
<thead>
<tr>
<th>VISA #:</th>
<th>Country:</th>
<th>VISA Expiration Date:</th>
</tr>
</thead>
</table>

### Ethnicity—Check One:

- 1—White Non-Hispanic
- 2—Black Non-Hispanic
- 3—Hispanic Other
- 4—Asian or Pacific Islander
- 5—American Indian/Alaskan Native

### Email Address | Additional Email Address

### Emergency Contact:  
- Name | Relationship | Phone # (include area code)

### Emergency Contact:  
- Name | Relationship | Phone # (include area code)
Instructions
Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?
The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?
All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). The employer is responsible for ensuring that Section 1 is timely and properly completed.

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2, Employer: For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors. Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. Employers must record:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. Employers are still responsible for completing and retaining the Form I-9.

Section 3, Updating and Reverification: Employers must complete Section 3 when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers CANNOT specify which document(s) they will accept from an employee.

A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.

B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:

1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C);
2. Record the document title, document number and expiration date (if any) in Block C, and
3. Complete the signature block.
What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, call our toll-free number at 1-800-870-3676. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our internet website at www.uscis.gov.

Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

Photocopying and Retaining the Form I-9

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, and completing the form, 9 minutes; 2) assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

Photocopying and Retaining the Form I-9

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

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Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Last</th>
<th>First</th>
<th>Middle Initial</th>
<th>Maiden Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street Name and Number)</td>
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</tr>
<tr>
<td>Apt. #</td>
<td>Date of Birth (month/day/year)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td>Social Security #</td>
<td></td>
</tr>
</tbody>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

Employee's Signature | Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

| Address (Street Name and Number, City, State, Zip Code) | Print Name | Date (month/day/year) |

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

| Document title | Issuing authority | Document # | Expiration Date (if any) | Document # | Expiration Date (if any) |

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _______ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative | Print Name | Title |

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) | Date (month/day/year) |

Community College of Aurora, 16000 E. CentreTech Pkwy., Aurora, CO 80011 |

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable) | B. Date of Rehire (month/day/year) (if applicable) |

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

| Document Title | Document # | Expiration Date (if any) |

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative | Date (month/day/year) |
# Lists of Acceptable Documents

## Lists of Acceptable Documents

### List A

**Documents that Establish Both Identity and Employment Eligibility**

1. U.S. Passport (unexpired or expired)

### List B

**Documents that Establish Identity**

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address

### List C

**Documents that Establish Employment Eligibility**

1. U.S. Social Security card issued by the Social Security Administration (other than a card stating it is not valid for employment)

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2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)

2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address

2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)

3. An unexpired foreign passport with a temporary I-551 stamp

3. School ID card with a photograph

3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal


4. Voter's registration card

4. Native American tribal document

5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer

5. U.S. Military card or draft record

5. U.S. Citizen ID Card (Form I-197)

6. Military dependent's ID card

6. ID Card for use of Resident Citizen in the United States (Form I-179)

7. U.S. Coast Guard Merchant Mariner Card

7. Native American tribal document

8. Native American tribal document

8. Driver's license issued by a Canadian government authority

9. Driver's license issued by a Canadian government authority

9. Unexpired employment authorization document issued by DHS (other than those listed under List A)

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For persons under age 18 who are unable to present a document listed above:

10. School record or report card

11. Clinic, doctor or hospital record

12. Day-care or nursery school record

---

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)
VOLUNTEER VERIFICATION AFFIRMATION FORM

Employee Name: ______________________________

Date of Hire: ______________________________

On behalf of the State of Colorado, I affirm the following, with respect to the above-named individual:

1. I have examined the volunteer’s work authorization documents as required by the Immigration Reform Control Act of 1986;

2. I have retained file copies of the documents which the volunteer has presented as required by 8 U.S.C. § 1324a;

3. I have not altered or falsified the volunteer’s identification documents; and

4. The State of Colorado has not knowingly hired an unauthorized alien.

This affirmation will be retained for the term of the above-named individual’s volunteer period.

__________________________________________
Name of Employer Representative

__________________________________________
Date

Attach this form to Form I-9 and supporting documentation for filing.
Loyalty Oath

I solemnly (swear)* (affirm)* that I will uphold the Constitution of the United States and the Constitution of the State of Colorado, and I will faithfully perform the duties of the position upon which I am about to enter.

__________________________________
Employee Name (Printed or Typed)

__________________________________
Employee Signature

__________________________________
Social Security #

Subscribed and (sworn)* (affirmed)* to me this _____ day of ____________________, 20______.

__________________________________
Notary Public

My Commission Expires______________________

*Strike Inapplicable Word