



## *Volunteer Packet*

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.

**Volunteer Period (dates and/or times of activity)**

**Activity**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand the conditions of becoming an authorized volunteer and agree to the terms stated above.

\_\_\_\_\_  
**Signature of Volunteer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**



Date: \_\_\_\_\_

## *Applicant Authorization & Consent for Release and Disclosure of Information*

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*

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







## Personal Data Form

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Name                      Last                      First (as it appears on social security card)                      Middle                      Social Security #

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Current Street Address

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City                      State                      Zip                      County

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

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Sex:     Male     Female

Date of Birth:

Citizenship—Check One:

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

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

VISA #:                      Country:                      VISA Expiration Date:

Ethnicity—Check One:

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

Additional Email Address

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

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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. **However, 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.

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## 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.

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.

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-9, Employment Eligibility Verification**

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.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

**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.**

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A \_\_\_\_\_
- An alien authorized to work until \_\_\_\_\_  
(Alien # or Admission #) \_\_\_\_\_

Employee's Signature	Date (month/day/year)
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**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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine 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).

List A	OR	List B	AND	List C
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) Community College of Aurora, 16000 E. CentreTech Pkwy., Aurora, CO 80011		Date (month/day/year)

**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)
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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): _____
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**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)
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## LISTS OF ACCEPTABLE DOCUMENTS

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Eligibility</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>LIST C</b> <b>Documents that Establish Employment Eligibility</b>
	<b>OR</b>	<b>AND</b>
1. U.S. Passport (unexpired or expired)	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	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
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 <i>(Form FS-545 or Form DS-1350)</i>
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. An unexpired Employment Authorization Document that contains a photograph <i>(Form I-766, I-688, I-688A, I-688B)</i>	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 <i>(Form I-197)</i>
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	8. Native American tribal document	
9. Driver's license issued by a Canadian government authority	<b>For persons under age 18 who are unable to present a document listed above:</b>	
	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 #

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Subscribed and (sworn)\* (affirmed)\* to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

**\*Strike Inapplicable Word**