



Ways to Get Involved at the Alliance for Suicide Prevention

Board Member

- Attend monthly Board meetings.
- Assist with fundraisers.

Office Assistant:

- Assist office staff with day to day office procedures such as: filing, data entry, mailings, making reminder calls to You're Not Alone and Heartbeat Grief Support Group attendees, scrap booking, etc.

Marketing Assistant

- Assist staff in developing a marketing and public relations plan to heighten public awareness about ASP.
- Assist staff in developing written materials such as press releases, articles and brochures.
- Assist staff in poster and brochure design.
- Assist with updating the website.
- Maintain and update current media list.
- Organize poster campaigns and "drop offs".

Presenter for RAPP youth suicide prevention program

- Present R.A.P.P. (Raising Awareness of Personal Power) curriculum to middle school and high school students in Larimer County.

Presenter for adult Speakers Bureau program (Hope for Today)

- Give public presentations on depression, bipolar disorder, suicide and other related topics tailored to the needs of the group.
- Provide educational/personal experience to promote suicide awareness and reduce stigma.

Grief Support

- Assist facilitator with grief support groups.
- Making reminder calls about You're Not Alone and Heartbeat Grief Support Groups.

Special Events Planning Committee

- Assist the Board and staff with planning and/or implementing an event, such as the annual "Taking Strides to Save Lives" Walk.

Fundraising Coordinator

- Reach out to local businesses for sponsorships and donations
- Lead other volunteers in fundraising efforts



For Office Purposes Only
<input type="checkbox"/> Money Received
<input type="checkbox"/> Background Check
<input type="checkbox"/> Volunteer Meeting

Please include \$25.00 check/cash with volunteer application for cost of background check.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMPLOYMENT & EMPLOYER _____

PROFESSION _____

PHONE H _____ W _____ FAX _____

E-MAIL _____

EMERGENCY CONTACT NAME _____ PH _____

Where did you hear about the Alliance for Suicide Prevention and our volunteer opportunities?

Have you been convicted of a felony within the past five years? YES NO

If YES, please explain:

When are you available to volunteer?

Time of Day:

Day of the Week:

How often per month:

What attracted you to the Alliance for Suicide Prevention in particular?



What skills, training or knowledge do you wish to utilize at the Alliance for Suicide Prevention?

Describe a personal or work situation when you felt or would feel successful.

What training, resources or support do you anticipate needing to do this volunteer work?

What Alliance for Suicide Programs are you interested in volunteering with?

- Board Member
- Office Assistant
- Weekend/Special Event Volunteering
- Marketing
- Presenter for Suicide Prevention Programs (RAPP & Hope for Today)
- Grief Support
- Special Events Planning
- Fundraising

Please provide 3 personal or professional references:

Name	Phone Number	Relationship
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1.

2.

3.

I hereby attest that the above information is true to the best of my knowledge. I understand that if any of this information is found to be false it may result in my termination as a volunteer.

Signature

Today's Date



**Alliance for Suicide Prevention
Volunteer Application**



Alliance for Suicide Prevention of Larimer County, Inc. Code of Ethics

The Alliance for Suicide Prevention of Larimer County asks that its volunteers and employees adhere to the standards, practices, and values set forth in the Code of Ethics.

- I will not discriminate because of race, national origin, color, creed, religion, marital status, socioeconomic status, gender, age, disability, or sexual orientation.
- I respect the dignity and privacy of those with whom I may work and will conduct myself in a caring and ethical way.
- I will conduct myself as a trained volunteer or employee of the Alliance for Suicide Prevention. I need not feel obligated, nor will I attempt to provide any services for which I am not trained.
- I will support the mission of the Alliance for Suicide Prevention.
- As a volunteer or employee of the Alliance for Suicide Prevention of Larimer County, I agree to maintain confidentiality with the information to which I am privy. I understand that due to the nature of this volunteer work, others may share information with me that is of a very sensitive and delicate nature. I understand the concept and importance of confidentiality and agree to respect any and all confidential information.

Signature

Date

Printed Name



Disclosure to Volunteer Applicant Regarding Procurement of a Criminal Report

In connection with your application to volunteer at the Alliance for Suicide Prevention we will procure a criminal report on you as part of the process of considering your application.

This investigative report will include information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document. By your signature below, you hereby authorize us to obtain an investigative report about you in order to consider your application.

The report will be processed by an accredited reporting agency contracted through the Alliance for Suicide Prevention.

Applicant's Name: _____
(Please Print)

Applicant's Address:

Street: _____

City/State/Zip: _____ / _____ / _____

Signature: _____

Social Security Number _____ / _____ / _____

(one signed copy for ASP files and one copy for applicant)



A Summary of Your Rights Under the Fair Credit Reporting Act

Para información en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including**

information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.



A Summary of Your Rights Under the Fair Credit Reporting Act

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:	TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357	National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches or agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693	Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600	State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corp Consumer Response Center 2345 Grand Avenue, Ste 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Comm.	Dept of Transportation Off of Financial Management Washington, DC 20590 202-366-1306	Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



RELEASE AUTHORIZATION

VOLUNTEER APPLICANT COMPLETE THE FOLLOWING

In connection with my application to volunteer at the Alliance for Suicide Prevention I understand that a criminal report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment.

The reports will be processed by an accredited reporting agency contracted through the Alliance for Suicide Prevention.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by the Alliance for Suicide Prevention or its agent, to furnish this information. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records.

It is confidential and will not be used for any other purposes. I hereby release the Alliance for Suicide Prevention and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

_____/_____/_____

Please print other names you have used

Home Address:

Street _____

City _____ State _____ Zip Code _____ Phone _____

If you have lived in Colorado less than a year please print your previous address below.

Street _____

City _____ State _____ Zip Code _____

Social Security Number _____ Date of Birth _____

Sex: Male _____ Female _____

Signature _____

Date _____