



**CITY OF FORT LUPTON
APPLICATION FOR CITIZEN ADVISORY BOARD/
COMMISSION APPOINTMENT**

City Boards and Commissions play an important role in forming City policy. To be considered as a candidate, please complete this application and return it to the City Clerk's Office at 130 South McKinley Avenue, Fort Lupton, CO 80621; Phone: 720-466-6101. The City Clerk will submit your application to the Mayor for review. Thank you for your interest!

Date: _____ City of Fort Lupton Resident? Yes No

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Work Phone: _____
Occupation: _____ e-mail: _____

Board or Commission you are applying for: (Please use a separate application if applying for more than one.)

1. Please list your work experience, community involvement, and other interests which apply to this Board or Commission: (Information may be continued on back of form or attached.)

2. List any licenses, certificates of special training, or education which apply to this Board or Commission:

3. Briefly describe the reasons for your interest in serving on this City Board or Commission:

4. Please list supporting documents if not continued on other side:

**Signature of Applicant: by signing this application
I agree that I have received a copy of the City
Council Code of Ethics and Conduct.**



Thank you for volunteering!

The City of Fort Lupton very much appreciates the generous contribution of your time and labor to work that benefits the community. We ask that you donate or give up any claim you may acquire against the entity for any loss or injury you may suffer during your volunteer work.

It is for these reasons that the City of Fort Lupton now requires everyone offering volunteer services to the municipality to first sign a document releasing the entity, its agents, and its insurance carriers from all liability for any such loss of injury.

We appreciate your cooperation and your understanding about this, and recommend you consult with your insurance agent to be sure your own insurance coverage is sufficient to cover you for any volunteer services you perform for the City of Fort Lupton.

VOLUNTEER ACCIDENT MEDICAL COVERAGE PLAN

This coverage provides medical and accidental death and dismemberment (AD&D) coverage for volunteers

Limits:	Accidental Death Benefit Amount:	\$ 10,000
	Accidental Dismemberment Benefit, Maximum Amount:	\$ 10,000
	Accidental Medical Expense Benefit (Primary):	\$ 15,000
	Dental Maximum (Per Tooth Per Accident):	\$ 250
	Aggregate Limit of Indemnity per Accident	\$ 250,000
	Catastrophic Cash (Lump Sum), Maximum Amount	\$ 25,000

If you have an accident or injury, please contact the person who is coordinating or leading your volunteer work immediately. You may go to the physician of your choice. You will be required to complete a claim form. Bills for medical expenses being claimed, along with a copy of the completed claim form can be sent directly to:

Consolidated Health Plans 2077 Roosevelt Ave. Springfield, MA 01104	Fax: (413) 733-4612 Attention: Claims Department
Email: customerservice@consolidatedhealthplan.com	

If you have any questions regarding claims, please call Consolidated Health Plans at (800) 633-7867.

This information is provided only as a general summary of the coverages that apply or are available. All coverages are governed by the terms, conditions, exclusions, and limits stated in the applicable coverage documents.



CITY OF FORT LUPTON
VOLUNTEER ACTIVITIES
RELEASE/INDEMNIFICATION

I. RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT: PARTICIPANT MUST READ CAREFULLY BEFORE SIGNING

In consideration for being permitted to perform the below-described volunteer activities for the City of Fort Lupton, I hereby acknowledge, represent, and agree as follows:

A. I understand that said activities are or may be dangerous and do or may involve risks of injury, loss, or damage. I further acknowledge that such risks may include but not be limited to bodily injury, personal injury, sickness, disease, death, and property loss or damage. I acknowledge that such risks may arise from a variety of foreseeable and unforeseeable circumstances connected with the use of the activities, including but not limited to the following risks:

Activities to be performed:

Risks of such activities include but are not limited to:

_____ (Participant initials here)
_____ (If Participant is under 18 years old, Parent initial here)

B. By signing this RELEASE AND INDEMNIFICATION AGREEMENT, I hereby expressly assume all such risks of injury, loss, or damage to me or to any third party arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the City of Fort Lupton, its officers, its employees, or by any other cause.

_____ (Participant initials here)
_____ (If Participant is under 18 years old, Parent initial here)

C. By signing this RELEASE AND INDEMNIFICATION AGREEMENT, I further hereby waive, and exempt, release, and discharge the City of Fort Lupton, its officers, and its employees from, any and all claims, demands, and actions for such injury, loss, or damage, arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the City of Fort Lupton, its officers, its employees, or by any other cause, excepting only the willful and wanton conduct of the City of Fort Lupton's officers or employees.

_____ (Participant initials here)
_____ (If Participant is under 18 years old, Parent initial here)

D. I further agree to defend, indemnify and hold harmless the City of Fort Lupton, its officers, employees, insurers, and self-insurance pool, from and against all liability, claims, and demands, including any third party claim asserted against the City of Fort Lupton, its officers, employees, insurers, or self-insurance pool, on account of injury, loss, or damage, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any way related to the above-described activities, whether or not caused by my act, omission, negligence, or other fault, or by the act, omission, negligence, or other fault of the City of Fort Lupton, its officers, its employees, or by any other cause, excepting only the willful and wanton conduct of the City of Fort Lupton's officers or employees.

_____ (Participant initials here)
_____ (If Participant is under 18 years old, Parent initial here)

E. By signing this RELEASE AND INDEMNIFICATION AGREEMENT, I hereby acknowledge and agree that said AGREEMENT extends to all acts, omissions, negligence, or other fault of the City of Fort Lupton, its officers, and/or its employees, and that said AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado. If any portion hereof is held invalid, it is further agreed that the balance shall, notwithstanding, continue in full legal force and effect.

_____ (Participant initials here)
_____ (If Participant is under 18 years old, Parent initial here)

F. I understand and acknowledge that the City of Fort Lupton, its officers, and its employees are relying on, and do not waive or intend to waive by any provision of this RELEASE AND INDEMNIFICATION AGREEMENT, the monetary limitations (presently \$350,000 per person and \$990,000 per occurrence) or any other rights, immunities, and protections provided by the Colorado Governmental Immunity Act, C.R.S. §24-10-101 et seq., as amended, or otherwise available to the City of Fort Lupton, its officers, or its employees.

_____ (Participant initials here)
_____ (If Participant is under 18 years old, Parent initial here)

G. I understand and agree that this RELEASE AND INDEMNIFICATION AGREEMENT shall be governed by the laws of the State of Colorado, and that jurisdiction and venue for any suit or cause of action under this Agreement shall lie in the courts of Fort Lupton, Colorado.

_____ (Participant initials here)
_____ (If Participant is under 18 years old, Parent initial here)

H. This RELEASE AND INDEMNIFICATION AGREEMENT shall be effective as of the date set forth below and shall be binding upon me, my successors, representatives, heirs, executors, assigns, and transferees.

_____ (Participant initials here)
_____ (If Participant is under 18 years old, Parent initial here)

II. PARTICIPANT SIGNATURE AND DATE:

Participant - Print Name: _____

Participant's Signature: _____

Date of Signature: _____

III. IF PARTICIPANT IS UNDER 18 YEARS OLD, PARENT SIGNATURE AND DATE:

By initialing above and signing below, I acknowledge that I am the parent of the above-named Participant as the term "parent" is defined in C.R.S. Section 13-22-107(2)(b), and I hereby waive and release any prospective claim of the Participant against the City of Fort Lupton, its officers, and its employees for negligence, to the extent provided in C.R.S. Section 13-22-107(3), in connection with the above-described activities.

Parent - Print Name: _____

Parent's Signature: _____

Date of Signature: _____



Workers' Compensation Coverage and Volunteer Accident Medical Plan (VAMP)

As indicated by my signature, I verify I am not compensated as an appointed committee member for the City of Fort Lupton.

My signature below also verifies that I have been notified that the City of Fort Lupton has chosen to exercise the option to exclude appointed committee members (also referred to as unpaid board members) from Workers' Compensation Insurance per C.R.S. section 8-40-202(1)(a)(I)(B). In accordance with Colorado law, I acknowledge that my information is reported to the Department of Labor and Employment, Division of Workers' Compensation as part of the City's application for the Exclusion of Uncompensated Public Officials.

Per the attached paperwork, I acknowledge that the City of Fort Lupton has chosen to provide coverage for its appointed committee members through the Volunteer Accident Medical Plan (VAMP).

Signature

Printed name

Date

Committee Name(s)