



**ACP**

Address Confidentiality Program



# Application Assistant Agreement

<b>For Office Use Only:</b> Training: Live <input type="checkbox"/> Online <input type="checkbox"/>	New <input type="checkbox"/> Renewal <input type="checkbox"/>
Registration #: _____	Registration Date: _____

**NAME:** (First, Middle, Last) \_\_\_\_\_

**AGENCY NAME:** \_\_\_\_\_

**AGENCY MAILING ADDRESS:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County(ies) Served: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

Agency E-mail: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Your E-Mail (required): \_\_\_\_\_

**Would you like your agency information posted to the ACP website?** Yes  No

If yes, please mark which information you would like shared:

Agency Name  Address  Phone  Email  Your Information

**As an Application Assistant for the *Colorado Address Confidentiality Program*, I understand and agree to the following:**

- As part of my employment or volunteer work, I provide counseling, referral or other services to victims of domestic violence, a sexual offenses and/or stalking.
- I understand that enrollment into the *Colorado Address Confidentiality Program* does not substitute for a comprehensive safety plan or guarantee safety.
- Being a registered Application Assistant does not impose a duty or obligation to meet with or enroll anyone into the *Colorado Address Confidentiality Program*.
- I understand that my registration as an Application Assistant is valid for two years. I will provide the *Colorado Address Confidentiality Program* with written notification if I no longer wish to be registered or leave my current position or agency.
- I understand that the *Colorado Address Confidentiality Program* may cancel my registration as an Application Assistant for failing to abide by and act in accordance with the requirements set forth by the *Colorado Address Confidentiality Program* laws (§24-30-2101 et. seq. C.R.S.).
- The *Colorado Address Confidentiality Program* is required to accept all complete applications. I agree to submit appropriate referrals based on my good faith assessment.

**Signature of Application Assistant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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 303-866-2208 | Toll-free 888-341-0002 | Fax: 303-866-3946  
 Website: [www.colorado.gov/acp](http://www.colorado.gov/acp) | E-mail: [acp@state.co.us](mailto:acp@state.co.us)