

Snow Buddies ADULT VOLUNTEER APPLICATION

Volunteers of America Programs are available to any eligible person regardless of race, color, national origin, religion, sex, age, sexual orientation, disability or any other status protected by law or regulation.

First and Last Name: _____

Street Address: _____ **Apt:** _____ **City:** _____ **Zip:** _____

Best number at which to reach you: _____ **home** **cell** **work**

E-mail: _____ (to receive volunteer opportunities and newsletter)

Age: under 18: _____ 18-54: _____ 55-59: _____ 60 & older: _____ **Date of Birth:** _____

Male: _____ **Female:** _____ **Education:** High School: _____ College: _____ Other: _____

Ethnicity: Native American _____ Asian/Pacific Islander _____ Black/African American _____

White/Caucasian _____ Hispanic _____ Other: _____

How did you hear about volunteering with VOA? _____

EMERGENCY INFORMATION

Pertinent Medical History: _____

Emergency Contact: _____ **Relationship:** _____

Home Phone: _____ **Alternate Phone:** _____

BACKGROUND INFORMATION

Have you ever been convicted of any law violation? Include any plea of “guilty” or no contest. If yes, give details. (Please note: failure to disclose convictions may disqualify you from volunteer placement).

Have you lived in Colorado for the past 5 years? Yes: _____ No: _____

If no, list the city, state, and zip code of residences: (required for background check)

City, State & Zip: _____ **From/To:** _____

City, State & Zip: _____ **From/To:** _____

EMPLOYMENT

Current Employer: _____

Address: _____ **City** _____ **Zip** _____

Phone: _____ Occupation: _____

Does your employer have a matching grant program? Yes: _____ No: _____

SKILLS & INTERESTS: Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Assist Senior Citizens | <input type="checkbox"/> Phone Calling/Answering |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Work with Youth |
| <input type="checkbox"/> Deliver Meals on Wheels | <input type="checkbox"/> Advisory Councils |
| <input type="checkbox"/> General Maintenance | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Minor Home Repairs | <input type="checkbox"/> AIDS/HIV |
| <input type="checkbox"/> Hunger/Homeless | <input type="checkbox"/> Tutor/Mentor |
| <input type="checkbox"/> Mailings/Office | <input type="checkbox"/> Other: _____ |

What type of volunteer work have you previously done? _____

What other skills would you like to share? _____

When are you available to volunteer?

DAY	M	T	W	TH	F	SAT	SUN
TIME							

Colorado requires that all drivers have auto insurance and a valid drivers license to operate a motor vehicle. I do and will continue to comply with the Colorado State Law that requires all drivers to have a valid Colorado Driver's license and minimum automobile insurance.

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteering and may result in my dismissal if discovered at a later time. I authorize the investigation of any and all statements contained in this application. I also authorize any person who has submitted a letter of reference at my request to provide relevant information and opinions that may be useful in making a placement decision. I release such persons from any legal liability in making such statements.

I have read, understand, and by my signature consent to these statements.

Signature _____ Date _____

Placement is dependent upon availability of volunteer positions.

<input type="checkbox"/>	Volunteers age 55 and older are eligible to serve with RSVP (Retired and Senior Volunteer Program). As a RSVP volunteer, you are entitled to many extra benefits including travel reimbursement, supplemental accident insurance, ArtReach tickets and more. If you are interested in the Retired and Senior Volunteer Program, check here.
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OFFICE USE ONLY

Orientation Date	Background form	Paid Fee	Reference Letters	Indemnification	Photo ID

Notes:

