

# Volunteer Application



*Success Strategies for  
Colorado Nonprofits*

We appreciate your interest in the Community Resource Center (CRC) and are sincerely interested in your qualifications to serve our organization. Questions on this application are asked for the sole purpose of considering you for volunteer services.

## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Mobile Phone	
E-Mail Address	

## Availability

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings  
 Virtual - anytime

## Education – Please list names of schools, highest grade completed, major(s):

High School:

Colleges:

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## Interests

Tell us in which areas you are interested in volunteering.

- |   |  |
|---|--|
| <input type="checkbox"/> Administrative – Phone Work    | <input type="checkbox"/> Nonprofit Consulting/Coaching |
| <input type="checkbox"/> Computer – IT Systems          | <input type="checkbox"/> Volunteer Coordination        |
| <input type="checkbox"/> Computer – Data Entry          | <input type="checkbox"/> Training/Teaching             |
| <input type="checkbox"/> Newsletter Articles/Production | <input type="checkbox"/> Fundraising/Development       |
| <input type="checkbox"/> Other _____                    | <input type="checkbox"/> Other _____                   |

**References:**

Please provide TWO references who are not relatives and who have knowledge of your work habits and skills.

<b>#1 Name/Relationship:</b>	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
<b>#2 Name/Relationship:</b>	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

**Person to Notify in Case of Emergency**

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

**Criminal Background Investigation Authorization**

I authorize Community Resource Center to conduct a criminal background investigation. I understand if the information provided by me is determined to be false or if I have failed to give any information herein requested, I will no longer be considered for a volunteer position. In the event of my acceptance as a volunteer, if the above occurs, this may be cause for dismissal.

Name (printed)	
Signature	
Date	

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

**Our Policy**

The Community Resource Center does not discriminate on the basis of race, creed, ethnicity, religion, national origin, gender, sexual orientation, gender expression, disability, veteran status, or marital status.