

## Volunteer Application

### Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work 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

### Interests

Tell us in which areas you are interested in volunteering

Administration

Salute to Seniors

Accounting

Medicare Monday

Advisory/Planning Committees

Legislative/Regulatory

Special Events

Housing Advocacy Committee

Telephone Buddy

Telephone Buddy Advisory

Holiday Baskets

Committee

Salute to Seniors Advisory

Committee

Marketing/Community Relations

Updating databases

Fundraising

Shopping/Errands

Computer Support to Older Adults

Phone bank

Newsletter production

Volunteer coordination

Data Entry

Other (please explain)

### 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. (use extra sheets if necessary)

### Previous Volunteer Experience

Summarize your previous volunteer experience. (use extra sheets if necessary)

### Person to Notify in Case of Emergency

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

### 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	

### Consent to Colorado Bureau of Investigation Check

By submitting this application, I consent that the Colorado Gerontological Society conducting a Colorado Bureau of Investigation check. The CBI will be conducted prior to a placement.

First Name	Last Name
Signature	Print Name
Date	Date of Birth

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please return to:  
 Colorado Gerontological Society  
 1129 N Pennsylvania St, Denver CO 80203  
 303-333-3482 • 303-333-9112 (fax)  
[www.senioranswers.org](http://www.senioranswers.org)