

Adult Volunteer Application

LAST NAME		FIRST NAME		DATE OF BIRTH
ADDRESS		MAILING ADDRESS		EMERGENCY CONTACT
EMAIL ADDRESS				EMERGENCY CONTACT #
CITY	STATE	ZIP CODE	HOME PHONE #	CELL PHONE #

Do you have any physical or medical limitations? _____

Have you ever been employed by STRiVE? yes no Area: _____

Please select area(s) of interest

Frequency: weekly bi-weekly every other week monthly

Time per Frequency: 1 hr 2 hrs 3 hrs

Day of Week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time of Day: morning afternoon evening

Prefer Working: individually in a group as a group - Name of Group: _____

Area Preferred: Uniquely Yours Woodshop Botanical Gardens Activities in the Community

Other Considerations: _____

Please list your special skills, talents, and interests: _____

Please list three character references (please do not use relatives):

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
Phone # _____	Phone # _____	Phone # _____

SIGNATURE

DATE

Thank you for your interest. Applicant will be called by Volunteer Coordinator.

For Office Use Only:

Applicant, please complete the following:

The following information is required by law enforcement agencies and other entities for positive identification when checking records. It is confidential and will not be used for other purposes.

Print Full Name (last, first, middle): _____

Print other names used: _____

Date of Birth: _____ Social Security #: _____

Driver's License #: _____ State of Issue: _____

Race: Asian Black Hispanic White Other Sex: Male Female

List address(es) for the past five years
Include city, state, zip code, and how long you lived there. List current address first.

1. _____
2. _____
3. _____
4. _____
5. _____

By signing the below, I hereby authorize STRiVE to contact me and my listed references and use the information entered on this form for the Volunteer Application process and file/information storing.

I also authorize STRiVE to perform a Criminal Background Check. In connection with this request, I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, county, state, and federal courts, military services and persons, CBI, and FBI, to release information they may have about me to the person or their agent or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This authorization, in original form or copy form, shall be valid for this and any future reports or updates that may be requested.

I authorize the procurement of my Colorado Worker's Compensation files or any other states' Worker's Compensation files. I also authorize a consumer credit report to be run. I understand these files may contain negative information about my background, mode of living, character and personal reputation. This authorization, in original form or copy form, shall be valid for this and any future reports or updates that may be requested.

Volunteer Applicant's Signature

Date

Volunteer Coordinator Requesting: _____ Ext. _____