



# Volunteer Application

This application must be completed in full. Please print or write, whichever is more legible. Answer every question.

PERSONAL DATA	
Name: _____	Date of Application: _____
Current Address: _____ _____	Previous/Permanent Address: _____ _____
Email Address: _____	
Telephone (day): ( ) - _____	
(evening): ( ) - _____	
Is Your Age Under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please have a parent or guardian co-sign this application.)	

VOLUNTEER INTEREST	
NURTURING PARENT PROGRAM	
<input type="checkbox"/> Parent Facilitator	<input type="checkbox"/> ages 0-5 yrs <input type="checkbox"/> ages 5-12 yrs <input type="checkbox"/> adolescents
<input type="checkbox"/> Children's Facilitator	<input type="checkbox"/> ages 0-5 yrs <input type="checkbox"/> ages 5-12 yrs
<input type="checkbox"/> Adolescent Facilitator	
<input type="checkbox"/> Child Care Provider	
KPC RESPITE CENTER	
<input type="checkbox"/> Child Care Provider	<input type="checkbox"/> Facility Maintenance (laundry, housekeeping, etc.)
FAMILY CONNECTIONS	
<input type="checkbox"/> Office/Clerical	<input type="checkbox"/> Fundraising/Special Events
Time Commitment Desired:	Full-time _____ Part-time _____ One-time (few hours or day) _____
Available Hours: _____	Days: _____
Can you perform the essential functions of the volunteer opportunity, with or without accommodation, as described in the description?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Seeking Service Learning or Internship Credit, please complete		
Full School Name	Advisor Name	Phone Number

## EXPERIENCE

Have you ever volunteered or been employed at Pikes Peak Family Connections or an affiliated organization?  Yes  No

Dates - From:

If yes, which organization?

Location?

Dates - To:

Please indicate any relevant volunteer experience for the volunteer opportunity that you are seeking:

Please indicate any relevant paid work experience for the volunteer opportunity that you are seeking:

Company Name:

Start Date:

End Date:

Position and Duties:

Street Address:

City:

State:

Telephone Number: ( ) -

## CERTIFICATION AND LICENSURE

First Aid

Course Provider/Certification Organization \_\_\_\_\_ Certified Through \_\_\_\_\_ (Date)

Cardiopulmonary Resuscitation (CPR)

Course Provider/Certification Organization \_\_\_\_\_ Certified Through \_\_\_\_\_ (Date)

\_\_\_\_\_

Course Provider/Certification Organization \_\_\_\_\_ Certified Through \_\_\_\_\_ (Date)

## Criminal Convictions

Have you ever been convicted of a crime? Include all pleas of "guilty" or "no contest".

Yes  No

(Please Check One)

If **Yes** to the above question, please explain fully. **This information will not necessarily bar an applicant from volunteering and, therefore, any uncertainty should be resolved in favor of disclosure. The nature and seriousness of the crime and date of conviction will be considered.**

Please read and sign the following declaration:

I \_\_\_\_\_ do hereby proclaim that I have never been convicted of abuse, neglect, sexual or related charges against a child, as defined in the Colorado Revised Statutes, which state that intentionally/willfully placing a child in the position of mistrust to include any sexual misconduct with a child, is punishable by law.

Signature \_\_\_\_\_

## REFERENCES

Please list at least three individuals that you have worked or volunteered with, and that we may contact with reference to your application.

Reference Name

Address

Phone Number

1.

2.

3.

## APPLICANT RELEASE AND ACKNOWLEDGEMENT

I understand Pikes Peak Family Connections (hereinafter referred to as Family Connections) requires certain information about me to evaluate my qualifications as a volunteer. Therefore, I authorize Family Connections to investigate the information contained on this application. I agree to cooperate in such investigations and release those parties supplying such information to the Family Connections from all liability or responsibility with respect to information supplied.

I agree that Family Connections may use the information it obtains concerning me in the conduct of its business. I understand that such use may include disclosure outside Family Connections in those cases where its agents and contractors need such information to perform their functions, where their company's legal interests and/or obligations are involved, or where there is a medical emergency involving me. I understand, however, that Family Connections intends to protect the confidentiality of personal information it obtains concerning me to the extent required by law.

While interviewing with or volunteering with Family Connections, I agree that I will not disclose or use any confidential or proprietary information of others.

Per State of Colorado regulations, "Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.C., and, upon conviction thereof, shall be punished accordingly." In addition to the punishment per the State of Colorado regulations, I understand that any false answers or statements made by me on this application, any supplement thereto or in connection with the above-mentioned investigations may be grounds for termination of my volunteering with Family Connections.

**My signature below acknowledges that I have read and understand the entire application and agree to the terms and conditions outlined above.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under age 18)