



**VOLUNTEER APPLICATION FORM**

The information on this form will help us to find the most satisfying and appropriate volunteer service for you. Your cooperation in completing it is most appreciated.

**Volunteer:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Your Duties:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Educational Background:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Community Affiliations (churches, clubs, service organizations, etc.):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Previous Volunteer Experience:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please check the type of volunteer jobs, which sound most interesting to you:**

- Adult Consumers
- Child & Family
- Office Work
- Special Activities – i.e. fundraising events
- Special Group Activities (teaching a knitting class, taxes, computers)

Hobbies, interests, skills: \_\_\_\_\_

\_\_\_\_\_

How many hours each week can you comfortably give? \_\_\_\_\_

Any preferred day(s) of the week? \_\_\_\_\_ Time of day? \_\_\_\_\_

**Emergency contact:**

**Name:**

**Address:**

**Phone:**

**Relationship:**

**Family Physician:**

**Name:**

**Address:**

**Phone:**

What are your personal/professional goals as a volunteer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Two References:**

**Name:**

**Address:**

**Phone:**

**Relationship:**

**Name:**

**Address:**

**Phone:**

**Relationship:**

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mail to:**

**Joanne Aiello**

**Volunteer Manager**

**MHCD**

**4141 E. Dickenson Place Denver, Colorado 80222**

**(303) 504-6732**

**Fax: (303) 757-5245**