

Volunteer Application

VOCI

2740 N Garfield Street, Denver CO 80205
303-329-4625 www.voicesoncanvas.org



Contact Information

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

Availability

During which days and hours are you available for volunteer assignments?

| | MORNING | AFTERNOON | EVENING |
|-----------|--------------------------|--------------------------|--------------------------|
| MONDAY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TUESDAY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WEDNESDAY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| THURSDAY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FRIDAY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SATURDAY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Interests

Tell us in which areas you are interested in volunteering

- Administration
 - Events
 - Field work
 - Fundraising
 - Deliveries
 - Phone bank
 - Newsletter production
 - Volunteer coordination
 - Teaching
 - Art Programmer and/or Assistant
 - Research
 - Clerical
 - Other
-

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.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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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 | |

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.