

## CHILDSAFE VOLUNTEER APPLICATION

### General Contact Information

Last Name \_\_\_\_\_ First \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Employer if applicable \_\_\_\_\_

Retired? \_\_\_\_\_ Over 18 yrs. of age? \_\_\_\_\_ Have Driver's License? \_\_\_\_\_

### General

Do you know the nature and purpose of the ChildSafe organization? (Check website at [www.childsafecolorado.org](http://www.childsafecolorado.org) for information) Yes \_\_\_\_\_ No \_\_\_\_\_

Please list past volunteer experiences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can you commit to volunteering with us for a minimum of 1 year? \_\_\_ Yes \_\_\_ No  
Have you had any direct personal or family experience with abuse? \_\_\_ Yes \_\_\_ No

### Limitations

\_\_\_ I know of no medical condition or physical limitation that would limit me.

\_\_\_ I have a medical condition or physical limitation that needs to be considered.

Please explain your limitation here: \_\_\_\_\_

Scheduling

Volunteer opportunities range from one-time events and short-term projects, to long-term commitments. We want to match our agency needs to your interests, talents, and availability.

How often would you like to volunteer? One-time? \_\_\_\_\_ Short term? \_\_\_\_\_  
On going? \_\_\_\_\_ As needed? \_\_\_\_\_

Please indicate your most available times:

Mornings: Weekdays \_\_\_\_\_ (days available)

Afternoons: Weekdays \_\_\_\_\_ (days available)

Evenings: Weekdays \_\_\_\_\_ (days available)

Weekends: Saturdays? \_\_\_\_\_ Sundays? \_\_\_\_\_

<u>Volunteer Opportunities</u> : _____	Experience	&/or	Interests
Committees	_____		_____
Mass/Bulk Mailings	_____		_____
One time special projects	_____		_____
Special Events Planning/Participation	_____		_____
Marketing/Public Relations/Community Outreach	_____		_____
Computer Expertise	_____		_____
Computer Database Entry	_____		_____
Computer Graphics	_____		_____
Equipment Maintenance/Carpentry/Lawn	_____		_____
Fundraising/Corporate Donations/Sponsorships	_____		_____
*Grant Writing	_____		_____
*Administrative/Clerical Work	_____		_____
*Child care during parent groups	_____		_____
<b>*Please note that a background check is required for all positions starred (*). Do we have your permission to run a background check? Yes _____ No _____</b>			

“I have another project in mind”, or “I have specialized training in”:

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

Thank you for your interest in ChildSafe. Volunteers are essential to our effectiveness as a non-profit organization treating sexually abused children & their families.

If you have questions, please contact Jane Bradley, our Executive Director at [childsafesJB@gmail.com](mailto:childsafesJB@gmail.com) This application may be returned to either e-mail address, or to the ChildSafe office: 1148 E. Elizabeth Street, Ft. Collins, CO 80524. You will be contacted by phone or email shortly upon receipt of the application.