

Date of Application: _____
Interview Date: _____
Comments: _____

Databases: Excel Email Donor Perfect ETO
VO _____ DST _____ CBI
References: #1 #2 #3

Volunteer Application

P.O. Box 367, Castle Rock, CO 80104
688.8484 crisis • 303.688.1094 admin • 303.660.8889 fax
www.twcfoc.org

Full Name : _____ Age: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Employer: _____ Occupation: _____

In case of emergency, notify: _____

Relationship: _____ Phone: _____

How did you learn about WCFOC? _____

Have you volunteered before? _____
If so, for whom, for how long, what did you do there? _____

What volunteer opportunities interest you?

- | | |
|---------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Residential Services Volunteer | <input type="checkbox"/> Community Outreach Volunteer |
| <input type="checkbox"/> Childcare Services Volunteer | <input type="checkbox"/> Special Events Volunteer |
| <input type="checkbox"/> Activities Leader Volunteer | <input type="checkbox"/> Administrative Volunteer |
| <input type="checkbox"/> Group Leader Volunteer | <input type="checkbox"/> Special Project Volunteer |

What special experience and/or skills would you like to utilize while volunteering at WCFOC (for example: IT knowledge, foreign language, accounting, fundraising, arts and crafts, cooking, etc.):

What days and times are you available to volunteer? _____

"I tell you and you forget. I show you and you remember. I involve you and you understand."

Are you (or your child) receiving or have you ever received services from the WCFOC? _____

If so, check all that apply: Crisis Line Shelter Therapy Legal Advocacy Other:

Date(s) of service: _____

References – the following persons have agreed to be contacted as references:

Name	Phone #	Relationship	Years Known
1. _____			
2. _____			
3. _____			

All volunteer applicants must complete the following:

I, _____, certify that the information provided on this application is true and accurate, and I authorize the Women’s Crisis & Family Outreach Center (WCFOC) to check my background and references. I hereby authorize the references I have listed to provide information to the WCFOC. I understand that the information from these references will remain confidential.

I hereby affirm that I have not committed or been convicted of a crime of child abuse - unlawful sexual behavior, or any felony (7.701.36 State of Colorado, Department of Social services, licensing regulations). I understand that if the FBI/CBI or Child Abuse Registry confirms such a record, I will be terminated from my position.

Signature

Date

Confidentiality Agreement

I, _____, understand that any and all information pertaining to the Women’s Crisis & Family Outreach Center is to be kept confidential. This includes the location of the Shelter facilities and any of its outreach sites. Names and identities of clients are not to be divulged under any circumstances. Information about anyone working at the Center is likewise to be kept confidential.

Signature

Date

Background Check Requirement

Prior to beginning volunteer service with the agency, the WCFOC conducts background checks on all volunteers that will have *direct client contact* (i.e. residential services, childcare services, activities leader, house assistant and group leader volunteers). This check is conducted in conjunction with the Colorado Bureau of Investigation and can be run instantly on-line. The cost for the CBI check is covered by the WCFOC.

Please provide the following information:

Full Name: _____
 First **Middle** **Last**

Date of Birth: _____

Social Security Number: _____

E-mail: _____

Steps to become a Volunteer:

1. Print out & complete an application
2. Contact Gretchen for a volunteer interview
3. Attend the next Volunteer Orientation

Call Gretchen for more details at 303-688-1094 or
Email at gmatsuda@twcfoc.org

"If you want to lift yourself up, lift up someone else."