

OUR Center
303 Atwood St.
Longmont, CO 80501

Outreach United Resource Center, Inc.
Phone: 303-772-5529
Fax: 303-684-0856

VOLUNTEER APPLICATION/INFORMATION

Name: Mr./Mrs./Ms. _____

Address: _____ City, State, Zip: _____

Date of Birth: ____/____/____ Phone (H): _____ (W): _____

Current Occupation: _____

Availability: _____ Weekdays _____ Weekends _____ Mornings _____ Afternoons

For how long can you make a commitment? _____ 3 months _____ 6 months _____ Other

Driver's License # or ID #: _____

Have you ever been convicted of a crime? ____yes ____no If yes, please explain: _____

Do you have a communicable disease? ____yes ____no If yes, please explain: _____

What would you like to learn/gain from your volunteer experience? _____

Areas of Work/Positions Available

_____ Food Recorder	_____ Clothing Bank	_____ Child Care	_____ Other Clerical
_____ Food Pantry	_____ Lunch Cook	_____ Food Server	_____ Lawn Maint.
_____ Data Entry	_____ Receptionist	_____ Driver	
_____ Garden	_____ Intake Worker	_____ Maintenance	
_____ Other _____			

Give name, address, and telephone number of three references who are not related to you.

1. _____
2. _____
3. _____

Special Skills/Training/Resources – that you could SHARE

_____ Languages:	_____ Carpentry	_____ Vehicle	_____ Painting	_____ Writing
_____ _____	_____ Electrical	_____ Driving	_____ Babysitting	_____ Data Entry
_____ _____	_____ P.R. Work	_____ Plumbing	_____ Shopping	
_____ Word Processing		_____ Other (specify) _____		

Signature _____

Date _____

For Office Use:

Date of Hire: ____/____/____

Assignment: _____