

OUR Center
303 Atwood St.
Longmont, CO 80501



www.ourcenter.org
Phone: (303) 772-5529
Fax: (303) 684-0856

VOLUNTEER APPLICATION/INFORMATION

Name: Mr./Mrs./Ms. _____

Address: _____ City, State, Zip: _____

Date of Birth: ___/___/___ Phone: (Home): _____ (Other): _____

Email: _____ Preferred Method of Contact: Phone / Email

Current Occupation: _____

Availability: _____ Weekdays _____ Weekends _____ Mornings _____ Afternoons

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

Current Driver's License / Photo Identification Number (attach copy) _____

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

Special Skills/Training – you could share: _____

Areas of Work/Positions Available

<input type="checkbox"/> Food Recorder	<input type="checkbox"/> Clothing Bank	<input type="checkbox"/> Child Care	<input type="checkbox"/> Other Clerical
<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Lunch Cook	<input type="checkbox"/> Food Server	<input type="checkbox"/> Lawn Maint.
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Receptionist	<input type="checkbox"/> Driver	<input type="checkbox"/> Garden
<input type="checkbox"/> Intake Worker	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Musician	
<input type="checkbox"/> Other _____			

In case of an emergency, please contact: _____

Phone number: _____ Relationship: _____

Have you ever been charged with a crime? Yes No If yes, please explain: _____

Do you have a communicable disease? Yes No If yes, please explain: _____

Name, address, email, and phone number of three character references that are not related to you.

1. _____
2. _____
3. _____

Signature of Volunteer

Date

For Office Use:

Date of Interview: ___/___/___ Date of Hire: ___/___/___ Assignment: _____