



Placement (this section to be completed by Program Volunteer Liaison)

DATE RECEIVED: _____ ASSIGNED PROGRAM: _____

BGC RUN DATE: _____ ASSIGNED TASK: _____

START DATE: _____ STAFF CONTACT: _____

Volunteer Application

Hilltop, 1331 Hermosa Ave, Grand Junction CO 81506

First Name _____ Middle Name _____ Last Name _____

Gender: Male Female (circle one) All Other Names Used _____
(i.e. Other last names, nick name, alias, maiden name)

Date of Birth _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email Address _____

Mailing Address _____ Zip Code _____
(Street) (City) (State)

Physical Address _____ Zip Code _____
(Street) (City) (State)

How long have you lived in Colorado: _____ *(If less than 5 years, please list previous address)*

Previous Address _____ Zip Code _____
(Street) (City) (State)

Local Emergency Contact Name _____

Relationship _____ Phone _____

Primary Doctor _____ Phone _____

Preferred Hospital _____ Phone _____

Area or Program of Interest (Please circle)

Clerical/Computer Work

Child Care

Maintenance (Cleaning/Organizing)

Transportation

Client Activities/Resident Companion

Support Group Assistance

Outreach/Fund Raising

Classroom Attendant

Mentoring

Cooking/Kitchen Aid

Crisis Intervention

Other _____

How did you hear of our Volunteer Program?

Languages Spoken (please circle)

English

Spanish

Sign Language

Other _____

Special Skills or Education (i.e. computer, working with children or elderly, medical experience, marketing, fund raising)

If you are volunteering through a community program

(i.e. TANF, Employment First, Senior Community Service Employment Program etc.), please complete each line:

Program Name: _____

Case Manager or Supervisor: _____ Phone _____

If you are applying to complete court ordered Community Service, please complete the following:

Reason for Community Service _____

Total Hours Needed _____ ***Hours must be completed by*** _____

Hours Available to Volunteer

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____	_____

Total number of hours you would like to volunteer per week _____

Signature

Date