



11851 Saulsbury St  
Phone: 303-404-0123

Broomfield, Colorado 80020  
Fax: 303-404-0132

info@friendsofbroomfield.org  
www.friendsofbroomfield.org

## Volunteer Application

DATE: \_\_\_\_\_

Name (last): \_\_\_\_\_ (first): \_\_\_\_\_ (middle initial): \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Are you 18 years of age or older? Yes ☐ No ☐

Do you have experience working with people with cognitive/developmental disabilities? ? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

How did you become interested in FRIENDS? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any special skills or talents you would like to bring to your volunteer work? \_\_\_\_\_

\_\_\_\_\_

What type of volunteer work are you interested in?

American Sign Language	Arts/Crafts	Board Member	CPR/First Aid
Computer – teach	Cooking - Teach	Day Program Assist	DD Citizen Advisory Council
Evening Program Assist	Fitness/Movement	Fundraiser Events	General Education/Teaching
Handy Person (Fix-IT!)	Horticulture/Landscaping	Marketing	Music
Nurse	Photography/Videographer	Special Events	Transportation (Small Bus)
Other: please write in			



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Check the days and time periods that you are generally available

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
Morning						
Afternoon						
Evening						

Other – list other times you are available \_\_\_\_\_

FRIENDS of Broomfield, Inc. will conduct a background check. Do you consent? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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\*Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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Have you ever been involved in an incident involving child/elder/person with disabilities abuse, or child/elder/person with disabilities neglect? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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*\*You will be required to complete a Background Check Authorization Form to give FRIENDS of Broomfield permission to complete a background check on you BEFORE you are granted permission to volunteer at FRIENDS of Broomfield.*



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## References

Please provide two references *other* than relatives.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Company: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

## CERTIFICATION & AUTHORIZATION

I certify that the information in this application is true and complete. I understand that false statements, misrepresentations or omissions of information in the application may result in rejection of this application.

FRIENDS of Broomfield, Inc. is expressly authorized to investigate all statements contained in this application. I consent to the release of information about my ability and fitness for volunteer assignment.

In the event that I am selected to become a volunteer for FRIENDS of Broomfield, Inc., I agree to comply with all of its ordinances, rules, and regulations. I fully understand and agree to provide my services to FRIENDS of Broomfield, Inc. as a volunteer in a volunteer capacity and that I will receive no compensation or benefits for services provided.

I understand that I am NOT insured by Worker's Compensation Insurance.

I hereby release FRIENDS of Broomfield, Inc., its officers, employees, and agents from any and all claims, damages, cost or expense including attorney fees, and liability, including any claims of personal injury and property damage arising from my participation in volunteering. I grant full permission to use any photographs, videotapes, recording or any other record of this program for any purpose.

By signing below, I agree that I understand and consent to the above statement:

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_