



11851 Saulsbury Street
Broomfield, CO 80020

www.friendsofbroomfield.org
info@friendsofbroomfield.org

Phone: 303-404-0123
Fax: 303-404-0132

Volunteer Application

Date: _____

Name (last): _____ (first): _____ (middle initial): _____

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?



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What type of volunteer work are you interested in? (Please check)

Opportunities include, but are not limited to:

Day Program

Teaching or assisting with Day Program activities and classes

Social & Travel Program

Chaperoning day/extended trips and supporting people during social activities

Development

Assisting with fundraisers/special events, community outreach, photographer/videographer

Administrative & Facility

Office work, cleaning (facility/transportation), landscaping/gardening, repairs

Check or write in 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:



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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:**

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

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:

**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: _____