



Volunteer Application Form

Thank you for your interest in volunteering for There With Care.
We value your privacy and appreciate your honesty. Volunteer applications are confidential.

To Become A Volunteer:

- Complete the entire volunteer application.
- Process your electronic Background Check.
- Sign-up to attend a Volunteer Training session. (Training dates can be found on the There With Care website.)
- Attend the Volunteer Training and bring with you:
 1. The Volunteer Application
 2. If you are able to cover the cost of the background check, please bring \$15.00 to the volunteer training

If you have questions, please call 303 447 2273 or email: volunteertraining@therewithcare.org

There With Care
2825 Wilderness Place, Suite 100
Boulder, Colorado 80301
(303) 447-CARE (2273)
Fax: (303) 447-2274
www.therewithcare.org

Section 1: Volunteer Information

Date of Application: _____ MINOR No Yes If yes, date of birth ___/___/___

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: cell _____ work _____

E-mail address: _____

Employer/School/Affiliation: _____

Employer/School/Affiliation Address: _____

City: _____ State: _____ Zip: _____

1. Does your employer offer matching dollars for donations or volunteer hours? Yes No

2. In case of emergency, who should we contact?

Name _____ Phone _____ Relationship _____

Section 2: Volunteer History

1. Do you have volunteer experience? Yes No

If yes, please list, beginning with present or most recent experience.

#1 Organization Name: _____

Address: _____

Responsibilities: _____

Approximate Dates of Service: _____

#2 Organization Name: _____

Address: _____

Responsibilities: _____

Approximate Dates of Service: _____

VOLUNTEER APPLICATION

2. Have you ever been asked to relinquish a volunteer position? Yes No
If yes, please explain: _____

3. What are you hoping to gain from your volunteer experience at There With Care?

4. What special skills might you have that could be applied towards volunteering?

5. How did you hear about There With Care?

Section 3: References and Driving Information

Personal References – ONLY COMPLETE if applicant is 18 years or older.

1. Please provide three **non-family** references:

Name: _____
Email Address: _____
Telephone Number: _____ Relationship: _____

Name: _____
Email Address: _____
Telephone Number: _____ Relationship: _____

Name: _____
Email Address: _____
Telephone Number: _____ Relationship: _____

3. Have you ever been convicted of a criminal offense? Yes No
If yes, please explain: _____

4. Do you use drugs that could impair your driving? Yes No
If yes, please explain: _____

Please note that certain volunteer positions require completion of a criminal background check every four years.

If applying to donate professional services, please attach a copy of your current professional license or certificate.

Section 4: Volunteer Acknowledgment

I, _____ understand that the service I am performing for There With Care is being provided in a volunteer capacity. I understand that I will not receive any compensation or any other benefits in connection with my volunteer position. My volunteer role may include one or more, but not all of the following:

Grocery delivery, prepared meal delivery, housecleaning, laundry service, handyman service, lawn & garden care, pet care, home modifications for disability access, industrial cleaning, babysitting services (waiting room or otherwise), tutoring for siblings, special event chaperone, transportation to school or activities, transportation to hospital or treatment visits, accounting services, legal services, alternative therapies, family counseling and/or individual counseling, hair cuts for the family, translating service, resource & information library, computer access.

To the best of my knowledge, there is nothing that will prevent me from being able to perform the essential duties of this volunteer position, as explained to me in the volunteer training manual.

Signature: _____ Date: _____