



Volunteer Application

Contact Information

Name:

Street Address:

City, ST ZIP Code:

Mobile Phone:

Home Phone:

E-Mail Address:

Availability

When are you available for volunteer assignments?

:	to	:	Monday	:	to	:	Thursday	:	to	:	Sunday
:	to	:	Tuesday	:	to	:	Friday				
:	to	:	Wednesday	:	to	:	Saturday				

Interests

In which areas are you best suited to volunteer?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Media Content | <input type="checkbox"/> Public Policy | <input type="checkbox"/> Research/Data |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Event Staffing | <input type="checkbox"/> Phone Calls | |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Filing | |
| <input type="checkbox"/> Other(s) | | | |

Special Skills or Qualifications

Skills and qualifications can be acquired through employment, previous volunteer work, or other activities such as hobbies or sports. What skills or qualifications do you have as a volunteer?



MENTAL HEALTH COLORADO

Person to Notify in Case of Emergency

Name:

Street Address:

City, ST ZIP Code:

Mobile Phone:

Home Phone:

E-Mail Address:

Our Policy

Mental Health Colorado may also require a background check for certain volunteer positions.

Mental Health Colorado provides equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature:

Date:

For Office Use Only

Department/Staffer: _____

Start Date: _____ End Date: _____