



Human Trafficking Task Force of Southern Colorado Application For Volunteer Services

General Information

Name:
Street Address:
City, State, Zip Code:
Home Phone:
Work Phone:
Cell Phone:
E-Mail Address:
Are you 18 years or older? Yes No <i>(please circle one)</i>

Areas of Interest

	Administration - helping keep data base current, phone calls, email responses, office help
	Advocacy Day - public relations, phone calls, admin support, participation
	Artreach - change lives through art
	Awareness - coordinate speaking opportunities, give presentations, train others
	Community Events - support the Task Force by manning the information table
	Public Relations - coordinate with media
	Symposium - assist in a coordinator role, phone calls, set up/tear down

Areas of Skill

Please check all areas of skill.

	Phone Calls		Budget
	Email Response		Legislative Awareness
	Database Management		Coordinating Volunteers
	Office help		Event Set up/Tear down
	Grant Writing		Manual Labor

Availability

*Please check when you are **available** to serve and circle time of day.*

	Monday - Morning Afternoon Evening		Friday - Morning Afternoon Evening
	Tuesday - Morning Afternoon Evening		Saturday - Morning Afternoon Evening
	Wednesday - Morning Afternoon Evening		Sunday - Morning Afternoon Evening
	Thursday - Morning Afternoon Evening		

Experience

Occupation: _____

Employer: _____

Describe your formal/informal training and experience pertinent to the volunteer services you would provide.

Other organizations to which you have provided volunteer services:

Supervisor: _____ Phone #: _____

What do you hope to gain from volunteering?

To Be completed By all Applicants

Have you ever been convicted of any criminal offense other than the following:

Minor traffic violation with a fine of \$500 or less; **or**

Offenses settled in juvenile court or under welfare youth offender law?

Yes No (please circle one)

Depending on your volunteer capacity, a background check might be required in the future, agree?

Yes No (please circle one)

References (Exclude Relatives)

A minimum of 2 reference checks are to be conducted. One reference must be current employer if employed.

1. _____
Name Occupation Work Phone Home Phone

2. _____
Name Occupation Work Phone Home Phone

Emergency Information

Name and phone number of person to be notified in case of accident or emergency.

Name: _____ Phone #: _____

Signature of Applicant Date

For Office Use:

Received by Admin Committee _____ Reference check completed _____