

Volunteer Application

Contact Information				
Name				
Street Address				
City ST Zip Code				
Home Phone				
Cell Phone				
E-Mail Address				
Personal Information				
Have you ever been convicted of a crime other than a traffic violation? \square Yes \square No				
If yes, what charge? Date Convicted:				
Do you consent to a routine chec	k of your crin	ninal record? Yes	No	
If yes, please provide your date of birth (month/day/year):				
Availability				
During which hours are you available for volunteer assignments?				
☐ Wednesday Mornings				
☐ Wednesday Afternoon				
Previous Volunteer Experience	е			
List current and previous volunteer work including brief description of duties and dates of service.				
Duties		From - To	Organization	

Special Skills				
Research		☐ Public Outreach		
☐ Colorado History		☐ Microsoft Excel		
☐ Special Events Planning		☐ Microsoft Word		
☐ Teaching		☐ Access to personal computer		
☐ Genealogy		☐ Customer Service		
3,				
Francisco Control				
Emergency Contact	•			
Name				
Relationship				
Relationship				
Phone Number				
SEND YOUR COMPI	LETED APPLICATION:			
By Mail:	1313 Sherman Street	, Suite 120, Denver, CO 80203		
		, 2522, 262., 32 33_33		
By Fax:	303-866-2229			
By Email:	Kevin.luy@state.co.us			
Questions?	303-866-2457			