



Town of Green Mountain Falls
P.O. BOX 524
GREEN MOUNTAIN FALLS, CO 80819
(719) 684-9414
www.gmfco.us

Volunteer Application

Volunteer Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Are you age 18 or older? YES ____ NO ____

Dates of Volunteer Service: _____

Emergency Contact Information:

Contact Name: _____

Relationship to Volunteer: _____

Phone Number: _____

By signing below, you are acknowledging that the Town of Green Mountain Falls is NOT liable for any harm and/or injury obtained while volunteering for the Town.

By signing below, you agree that all information you have provided in this application are true to the best of your knowledge.

Volunteer Signature

Date

Guardian Signature if under age 18