

**VOLUNTEER APPLICATION FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PROFESSION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_

PLEASE CHECK AREAS OF SERVICE WHICH YOU ARE WILLING TO PROVIDE:

\_\_\_\_ WORK WITH CIRCLE OF LIFE CHILDREN; AREA OF INTEREST \_\_\_\_\_

\_\_\_\_ WORK WITH SIBLINGS/FAMILIES; AREA OF INTEREST \_\_\_\_\_

\_\_\_\_ ASSIST WITH FUNDRAISING/SPECIAL EVENTS ACTIVITIES \_\_\_\_\_

\_\_\_\_ ASSIST WITH OFFICE DUTIES; AREA OF EXPERTISE/INTEREST \_\_\_\_\_

\_\_\_\_ PROVIDE PROFESSIONAL SERVICES; LIST AREA(S) OF EXPERTISE: \_\_\_\_\_

PROVIDE REFERENCE: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A CRIME MORE SERIOUS THAN A ROUTINE TRAFFIC TICKET?

NO \_\_\_\_\_ YES \_\_\_\_\_ YEAR \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED WITH A CRIME AGAINST A MINOR?

NO \_\_\_\_\_ YES \_\_\_\_\_ YEAR \_\_\_\_\_

IF YES TO EITHER OF THE ABOVE QUESTIONS, PLEASE PROVIDE FACTS: \_\_\_\_\_

DO YOU CURRENTLY HAVE CRIMINAL CHARGES PENDING AGAINST YOU? NO \_\_\_\_\_ YES \_\_\_\_\_

IF YES, PLEASE ELABORATE: \_\_\_\_\_

**NOTE: A STATE BACKGROUND CHECK IS REQUIRED TO BECOME A COLCC VOLUNTEER**

