



430 WEST 9<sup>TH</sup> AVENUE ☞ DENVER, CO 80204 ☎ (303) 534-6167

www.denvervorp.org

cm@vorpofdenver.org

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## Volunteer Application

Date \_\_\_\_\_

Name \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

In case of emergency, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

### Personal Data

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I heard about VORP from \_\_\_\_\_

Please explain why you are interested in becoming a VORP volunteer \_\_\_\_\_

\_\_\_\_\_

Please tell us about your volunteer experience \_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES**

To provide education, create opportunity and to instill hope for restoring relationships harmed by crime & conflict

Do you speak languages other than English? \_\_\_Yes \_\_\_No If yes, please list languages and fluency level \_\_\_\_\_

What skills would you like to develop or learn more about? \_\_\_\_\_

**Education**

Education (Circle last year completed)

High School 9 10 11 12 GED College 13 14 15 16

Other \_\_\_\_\_

Special Courses or training \_\_\_\_\_

**Please tell us about yourself (optional)**

Age: 18-30 \_\_\_ 30-45 \_\_\_ 45-60 \_\_\_ 60+ \_\_\_

Ethnicity: Black \_\_\_ Hispanic \_\_\_ Asian \_\_\_ American Indian \_\_\_

White \_\_\_ Multi-racial \_\_\_ Other \_\_\_\_\_

Can you make a one year commitment? Yes \_\_\_ No \_\_\_

We will be requesting a (CBI) Colorado Bureau of Investigation Arrest Review. This is standard procedure for agencies working with youth. Do you agree to a background check? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Volunteer signature