

VOLUNTEER / INTERN APPLICATION

Date: _____

Position for which you are applying: _____

Please fill out this application either online and e-mail it to either Gail at glorenz@colegalserv.org or Annette at amoffatt@colegalserv.org, or print it out and fax or mail it to the contact information at the end of the application. If you have a resume, please include it with your application. (This information is for our volunteer files.) Thank you.

Name _____ Birthdate - Month: _____ Day: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____

Cell: _____ Email: _____

How did you hear about our volunteer program? (type or write in space provided below)

EDUCATION

Last grade completed? _____ Major: _____

Currently in School/training? Yes: _____ No: _____ Field: _____

Days/Hrs: _____

Last school attended: _____

Planning return to school? Yes: _____ No: _____ Field: _____

When: _____

EMPLOYMENT

Employed ? Yes: _____ No: _____ Hours per week: _____ Phone: _____

Hours per week: _____ Phone: _____

Employer: _____ Supervisor: _____

Duties: (type or write below)

Looking for work? Yes: _____ No: _____ Full-time: _____ Part-time: _____

REFERENCES

List at least 3 references who know your work skills and habits

Name	Agency or Relationship	Time Known	Phone
------	------------------------	------------	-------

AVAILABILITY

Please X beside day(s) of the week you are available to volunteer. Then rank order day of choice by inserting 1st, 2nd, 3rd, etc. next to each available day.

Day	Day Available to Volunteer (insert X)	Rank order day(s) of choice by inserting 1, 2, 3, etc.	Hours available on each day you wish to volunteer
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

What date would you be available to start?
 How long can you commit to volunteering with us?

MORE ABOUT YOU

Please share your thoughts on why you would like to volunteer at Colorado Legal Services.

State why special skills or abilities would qualify you as a volunteer here. (Please include bilingual, TDD, and computer skills, as well as other legal and volunteer experience.)

In case of emergency, contact: _____
 Phone : _____ Relationship: _____

CONTACT INFORMATION:

Administrators of Volunteer Services:

Gail Lorenz
glorenz@colegalserv.org

Annette Moffatt
amoffatt@colegalserv.org

1905 Sherman St., Suite 400
 Denver, CO 80203
 Phone: 303-866-9306; Fax: 303-866-9360

Colorado Legal Services offices are smoke-free, as is the entire building.
A criminal background check through the Colorado Bureau of Investigation must be conducted on all volunteers/interns. If the candidate has resided in Colorado less than two years, criminal background records may be checked in the state the candidate previously resided.