



Second Chances Denver

Skills-Based Job Training for Women since 2002

PO Box 39961 Denver, CO 80239 303.721.7677 fax 720.452-0671 www.SecondChancesDenver.org

Thank you for taking the time to volunteer for this ministry!

Date: _____

Legal Name: _____

Address: _____ City: _____ State: ____ ZIP: _____

Home Phone: _____ Mobile: _____

E-Mail Address: _____

Emergency Contact Information

Name: _____ Relationship: _____

Home Phone: _____ Mobile: _____

Past Volunteer Experience *(include organization/agency, position, contact phone/e-mail)*

1. _____
2. _____
3. _____
4. _____

Employment *(include most recent company, position, contact phone/e-mail)*

Present Employer: _____ Full-time Part-time

Position: _____ Phone: _____

Desired Volunteer Schedule *(check days, frequency, and times available)*

- | | | |
|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Mondays | <input type="checkbox"/> Weekly | <input type="checkbox"/> Mornings |
| <input type="checkbox"/> Tuesdays | <input type="checkbox"/> Semi-Weekly | <input type="checkbox"/> Afternoons |
| <input type="checkbox"/> Wednesdays | <input type="checkbox"/> Monthly | |
| <input type="checkbox"/> Thursdays | <input type="checkbox"/> Special Events | |
| <input type="checkbox"/> Fridays | | |

Why do you want to volunteer with our ministry? _____



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How would you like to help our ministry? _____

What are your hobbies and interests? _____

What are your 'gifts' and 'talents'? _____

List any relevant experiences or special training: _____

Church Information

Name: _____ Years attending: _____

Involvement with your church:

1. _____

2. _____

3. _____

4. _____

Christian Experience

Give a brief statement of your own Christian experience. How you came to know Christ and how

HE is influencing your life presently: _____

List three events/accomplishments in your life that you have found fulfilling.

1. _____

2. _____

3. _____



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Have you been convicted of a felony within the last 7 years? Yes No

IF YES, Please explain: _____

Advisory

A check of the volunteer applicant's criminal history may be made to verify the responses to the above question for the sole purpose of ensuring the safety of its staff, volunteers and participants. No applicant will be denied volunteer status solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered.

References

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Pledge

"I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and active volunteer status may be terminated at any time. In consideration of my volunteer application, I agree to adhere to the policies and regulations of Second Chances Denver, and I agree that my volunteer status can be terminated, with or without cause, and with or without notice, at any time by Second Chances Denver."

Signature: _____ Date: ____/____/____

To volunteer, please contact: Claire Ross, claire@secondchancesdenver.org