



Project Self-Sufficiency Volunteer Application

Required fields are indicated by an asterisk ()*

Volunteer Contact Information			
* Last Name:	* First Name:		
* Address:			* ZIP Code:
* Primary Phone:	Alternate Phone:	Fax:	
* Email Address:		Preferred contact method: <input type="checkbox"/> Phone <input type="checkbox"/> Email	
Employer Name <i>(if applicable)</i> :			
Work Address:			Work Phone:
* Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Emergency Contact Information			
* First and Last Name:		* Relationship:	
* Primary Phone:		Alternate phone:	
Interest and Experience			
How did you hear about the Project Self-Sufficiency Volunteer Program?			
What compelled you to volunteer for our agency?			
Please list past volunteer experiences here:			
Limitations Related to Health			
<input type="checkbox"/> I know of no medical condition or physical limitation that may adversely affect my ability to do this work.			
<input type="checkbox"/> Yes, I have a medical condition or physical limitation that may adversely affect my ability to do this work.			

How could we best accommodate your medical needs?

Volunteer Schedule

Which location would you like to volunteer at? Loveland Office Fort Collins Office

What types of projects interest you? One-Time Project Short-Term Project Ongoing Project

What date would you like to begin your volunteer service?

How often would you like to volunteer? As Needed Weekly Monthly Other:

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
Mornings 9 - 11 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons after 12 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Volunteer Positions	Experience	Interest	Comments
Clerical/Office (e.g. phone calls, filing, data entry)*	<input type="checkbox"/>	<input type="checkbox"/>	
Mass/Bulk Mailings (newsletters, appeals)	<input type="checkbox"/>	<input type="checkbox"/>	
One-Time Special Projects	<input type="checkbox"/>	<input type="checkbox"/>	
Training Other Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	
Planning/Coordinating Special Events	<input type="checkbox"/>	<input type="checkbox"/>	
Marketing/PR/ Community Outreach	<input type="checkbox"/>	<input type="checkbox"/>	
Childcare*	<input type="checkbox"/>	<input type="checkbox"/>	
Computer Expertise (e.g. graphic design, databases)	<input type="checkbox"/>	<input type="checkbox"/>	
Solicit Goods/Services (e.g. car repair, silent auction items)	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteer Car Repair Mechanic	<input type="checkbox"/>	<input type="checkbox"/>	
Fundraising/Grant Writing	<input type="checkbox"/>	<input type="checkbox"/>	
Math Tutoring – GED, Fundamentals*	<input type="checkbox"/>	<input type="checkbox"/>	
Math Tutoring – Pre-Algebra, Algebra*	<input type="checkbox"/>	<input type="checkbox"/>	
Math Tutoring – Pre-Calc, Calculus*	<input type="checkbox"/>	<input type="checkbox"/>	
Math Tutoring – Trig or Stats*	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

* Background check is required

* Do we have permission to run a background check on you? Yes No



Volunteer Consent and Release Agreement

I, (full name) _____, hereby certify that all statements made in this application are true. I acknowledge that any false statement or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at anytime during my period of placement. I understand that I am working at all times on a voluntary basis without compensation and not as a paid employee, and that this agreement can be canceled at any time by either myself or a Project Self-Sufficiency employee.

I understand that my services are being offered on a volunteer basis without anticipation of financial remuneration and I indemnify and hold harmless Project Self-Sufficiency and it's officers, employees, contractors, or volunteers from, and against all claims, demands, loss or injury to my person or property incurred through negligence, or other acts or omissions, however caused, by an officer, employee, contractor or volunteer of Project Self-Sufficiency as a result of, or during my participation in volunteer service.

I acknowledge that I have carefully read and fully understand this agreement and its contents. I am aware that this is a release of liability and a contract between myself and Project Self-Sufficiency's Volunteer Program and/or it's officers, employees, contractors and volunteers, and I sign it on my own free will.

Yes, I grant permission to Project Self-Sufficiency to photograph, videotape, and/or to record my voice and to use any or all such photographs, recordings, and reproductions for any official Project Self-Sufficiency purposes.

I have read, understand, and agree with the above Consent and Release Agreement.

Signature of Volunteer: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

(Must have this signature if under 18)

Project Self-Sufficiency's Volunteer Program is not obligated to provide a placement, nor are you obligated to accept the volunteer position offered. Opportunities for volunteers are provided without regard to race, color, religion, national origin, sex, sexual orientation, or age. Project Self-Sufficiency is committed to equality of opportunity.

Please mail completed application to:

Project Self-Sufficiency
375 West 37th Street, Suite 150
Loveland, Colorado 80538
Phone: (970) 635-5912

OR send via email to: pss@frii.com