



Larimer County Health & Human Services
Compass Volunteer Program
1525 Blue Spruce Drive
Fort Collins, CO 80524
www.larimer.org/compass

Application for Volunteer Position

Directions: Please answer each question fully and accurately.

Personal Information

Name _____

Street Address _____ City _____ State _____ Zip _____

Telephone Number(s) _____ (home) _____ (cell) _____ (work)

May we contact you at your e-mail address? [] Yes [] No Email address: _____

Please tell us what skills you are interested in providing and/or developing with this volunteer position:

Availability

Date Available for Volunteer Work: _____ Total hours per week: _____

Please indicate your availability: (Check all that apply.) [] Monday [] Tuesday [] Wednesday [] Thursday [] Friday

Would you be available for day-time training? [] Yes [] No How often do you want to volunteer?

[] Daily [] Weekly [] One time project [] Ongoing Basis [] Flexible/ As Needed [] Other _____

I am seeking this volunteer position: [] to become a Compass volunteer [] to satisfy school requirements

Have you volunteered with Larimer County or United Way of Larimer County before? [] Yes [] No

If yes, please list Department, responsibilities and dates of volunteer work: _____

How did you learn about the Compass of Larimer County Volunteer Program? _____

Areas of Interest on Compass: [] Community Development [] Community Living [] Crime & Safety

[] Demographics [] Economy [] Education [] Enrichments [] Environment [] Health

Background check Background Checks are required for most positions. All information is kept confidential.

May we have permission to run a criminal background check on you? [] Yes [] No

If yes, please provide the following information: Date of Birth: _____ Social Security Number: _____

Have you ever been convicted of a crime (other than a minor traffic violation)? [] Yes [] No

If yes, please state the crime(s) you were convicted of and explain the date, location, nature, and facts surrounding each conviction. Use an attachment sheet if necessary. _____

Education and Training

Name of School/University Location Course of Study Degree received

Employment and Volunteer History

Please be sure to provide complete and accurate information. List present or most recent experiences first.

Name of Business or Organization: _____ Dates of work: _____ to _____

Address of Business or Organization: _____

Name of Supervisor: _____ Telephone Number: _____

Responsibilities: _____

Paid Employment? Yes No Volunteer Work? Yes No

Name of Business or Organization: _____ Dates of work: _____ to _____

Address of Business or Organization: _____

Name of Supervisor: _____ Telephone Number: _____

Responsibilities: _____

Paid Employment? Yes No Volunteer Work? Yes No

Please list three people (not relatives) as references for the volunteer position for which you are applying.**

Name	Phone Number	Address	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Sorry, we cannot consider your volunteer application if you do not supply references.

Volunteering for Larimer County is a privilege. Larimer County may accept or reject your application at our discretion.

Application Certification

I hereby certify that the information given in this application is correct and complete. I understand false statements, omissions, or misrepresentations contained in this application, interview, or related correspondence may disqualify me for volunteer/internship consideration. Should investigation at any time disclose any falsification, omission, or representation, said disclosure may be grounds for termination of my volunteer/ internship position. I consent to the release of information by employers, schools, law enforcement agencies, and other authorized personnel to verify the information contained in this application. 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 cancelled at anytime by either me or a Larimer County Health & Human Services employee. Typing (email submission) or signing (mail or fax submission) your name, is an indication that you have read, understand and agree with the above consent and release agreement.

Signature of Volunteer: _____ Date: _____

You can submit this form immediately by clicking the 'Email to Compass' button, or mail/fax your printed application as indicated below.

Mail Completed Application to: Larimer County Health & Human Services, Compass Volunteer Program, 1525 Blue Spruce Drive, Fort Collins, CO 80524 **or Fax to:** 970-498-6845



Compass of Larimer County is a service of
Larimer County Division of Health & Human Services and United Way of Larimer County

