



# Crisis Center

P.O. Box 367, Castle Rock, CO 80104  
303.688.8484 crisis • 303.688.1094 admin • 303.660.8889 fax

Date of Application: \_\_\_\_\_  
 Interview Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Databases:  Excel  Email  Salesforce  
 VO \_\_\_\_\_ DST \_\_\_\_\_  CBI  TRAILS  
 References:  #1  #2  #3

## Adult Volunteer Application

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

In case of emergency, notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you learn about Crisis Center? \_\_\_\_\_

Have you volunteered before? \_\_\_\_\_ If so, for whom, for how long, what did you do there? \_\_\_\_\_

What volunteer opportunities interest you?

- |   |  |
|---|--|
| <input type="checkbox"/> Shelter Volunteer                      | <input type="checkbox"/> Crisis Line Volunteer                       |
| <input type="checkbox"/> Childcare Services Volunteer           | <input type="checkbox"/> Community Outreach/Special Events Volunteer |
| <input type="checkbox"/> Administrative Volunteer               | <input type="checkbox"/> Fundraising                                 |
| <input type="checkbox"/> Legal/Court Support Volunteer          | <input type="checkbox"/> Activity Leader                             |
| <input type="checkbox"/> Lethality Assessment Program Volunteer |  |

What special experience and/or skills would you like to utilize while volunteering at the Crisis Center (for example: IT knowledge, foreign language, accounting, fundraising, arts and crafts, cooking, etc.): \_\_\_\_\_

What days and times are you available to volunteer? \_\_\_\_\_

Are you (or your child) receiving or have you ever received services from the Crisis Center? \_\_\_\_\_

If so, check all that apply:  Crisis Line  Shelter  Therapy  Legal Advocacy  Other: \_\_\_\_\_

Date(s) of service: \_\_\_\_\_

"I tell you and you forget. I show you and you remember. I involve you and you understand."

**References** – the following persons have agreed to be contacted as references:

Name	Phone #	Relationship	Years Known
1. _____			
2. _____			
3. _____			

**All volunteer applicants must complete the following:**

I, \_\_\_\_\_, certify that the information provided on this application is true and accurate, and I authorize the Crisis Center to check my background and references. I hereby authorize the references I have listed to provide information to the Crisis Center I understand that the information from these references will remain confidential.

I hereby affirm that I have not committed or been convicted of a crime of child abuse - unlawful sexual behavior, or any felony (7.701.36 State of Colorado, Department of Social services, licensing regulations). I understand that if the FBI/CBI or Child Abuse Registry confirms such a record, I will be terminated from my position.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Confidentiality Agreement**

I, \_\_\_\_\_, understand that any and all information pertaining to the Crisis Center is to be kept confidential. This includes the location of the Shelter facilities and any of its outreach sites. Names and identities of clients are not to be divulged under any circumstances. Information about anyone working at the Crisis Center is likewise to be kept confidential.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mandatory Reporting**

Crisis Center staff members and volunteers are mandatory reporters of suspected child abuse. If any Crisis Center staff member or volunteer receives information, during the course of their job/volunteer duties at the Crisis Center, a child under the age of 18 is currently, or has in the past, been physically abused, sexually abused, emotionally abused, or neglected a report must be made to the authorities. If a volunteer receives information about a case of suspected child abuse, that volunteer should immediately bring this information to the attention of a Crisis Center staff member.

**Background Check Requirement**

Prior to beginning volunteer service with the agency, the Crisis Center conducts background checks on all volunteers. This does not include special project or community service volunteers. This check is conducted in conjunction with the Colorado Bureau of Investigation and the Colorado Department of Human Services. Volunteers will pay for their background checks, including CBI, TRAILS and fingerprinting. The volunteer coordinator will have the current background check costs and can provide payment options.

“The highest reward for a man’s toil is not what he gets for it, but what he becomes by it.”