



Crisis Center

PO Box 631302 · Littleton, CO 80163
Admin: 303-688-1094 · 24-Hour Crisis Line: 303-688-8484
www.thecrisiscenter.org · info@thecrisiscenter.org

Date of Application: _____
Interview Date: _____
Comments: _____

Databases: <input type="checkbox"/> Excel <input type="checkbox"/> Email <input type="checkbox"/> Salesforce
VO _____ DST _____ <input type="checkbox"/> CBI <input type="checkbox"/> TRAILS
References: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #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"/> Childcare Services Volunteer | <input type="checkbox"/> Crisis Line Volunteer |
| <input type="checkbox"/> Administrative Volunteer | <input type="checkbox"/> Community Outreach/Special Events Volunteer |
| <input type="checkbox"/> Legal/Court Support Volunteer | <input type="checkbox"/> Fundraising Volunteer |
| <input type="checkbox"/> Lethality Assessment Program Volunteer | <input type="checkbox"/> Other: _____ |

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 #/Email Address	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 agency and any of its outreach and/or satellite 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 are required to 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.”