



Have you walked your mile today?

Volunteer Application

MAIL OR FAX TO:

Colorado Walks | PO Box 24007 | Denver CO 80224

FAX 303-756-3063

Contact Information (PLEASE PRINT)

NAME

BIRTHDAY (MONTH / DAY)

HOME ADDRESS

HOME PHONE

CITY / STATE / ZIP

WORK PHONE

BUSINESS / ORGANIZATION NAME

CELL / OTHER

TITLE

FAX

BUSINESS ADDRESS

HOME EMAIL

CITY / STATE / ZIP

WORK EMAIL

Person to Contact in Case of Emergency

NAME

RELATIONSHIP TO YOU

HOME PHONE

WORK PHONE

CELL / OTHER

EMERGENCY MEDICAL INFORMATION – PLEASE LIST MEDICAL CONDITIONS, ALLERGIES, MEDICATIONS

Volunteer History

Please list three references – other than relatives – for whom you have been a volunteer or employee.

NAME	ORGANIZATION	RELATIONSHIP	PHONE

NAME	ORGANIZATION	RELATIONSHIP	PHONE

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Are you 18 years of age? Yes No Volunteers under the age of 18 must have a parent or legal guardian sign a waiver and consent form.

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Experience / Skills

Education: High School Bachelors Masters PhD MD

Computer (Expert): Word Excel PowerPoint Access Other _____

Languages (Fluent only): _____

Occupation: _____

Other Skills: Accounting/Finance Nonprofit management
 Grant writing Graphic arts
 Event management Marketing / PR
 Fitness professional Health professional
 Transportation Planning GIS / GPS
 Training/Teaching
 Other: _____

Where did you hear about volunteering for Colorado Walks?

Friend CW Web site CW Staff/Volunteer CW Event Other _____

Why do you want to volunteer for Colorado Walks?

Which Volunteer Positions Interest You?

- Local Affiliate Program
- Starting/Leading Neighborhood Walks
- Annual Mile Events / Special Events
- Membership Development
- Fundraising/Concrete Connection Fund Campaign
- Marketing/Public Relations
- Public Speaking
- Safe Routes to School
- Special Projects
- Other: _____

Days & Times You Are Available to Volunteer

(Please check all that apply)

- | | | | |
|------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> 9 am - Noon | <input type="checkbox"/> Noon - 5 pm | <input type="checkbox"/> 5 pm - 10 pm |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> 9 am - Noon | <input type="checkbox"/> Noon - 5 pm | <input type="checkbox"/> 5 pm - 10 pm |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> 9 am - Noon | <input type="checkbox"/> Noon - 5 pm | <input type="checkbox"/> 5 pm - 10 pm |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> 9 am - Noon | <input type="checkbox"/> Noon - 5 pm | <input type="checkbox"/> 5 pm - 10 pm |
| <input type="checkbox"/> Friday | <input type="checkbox"/> 9 am - Noon | <input type="checkbox"/> Noon - 5 pm | <input type="checkbox"/> 5 pm - 10 pm |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> 9 am - Noon | <input type="checkbox"/> Noon - 5 pm | <input type="checkbox"/> 5 pm - 10 pm |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> 9 am - Noon | <input type="checkbox"/> Noon - 5 pm | <input type="checkbox"/> 5 pm - 10 pm |

I affirm that the information above is complete and correct. I understand that the misrepresentation or omission of information requested is just cause for non-appointment as a volunteer. If appointed as a volunteer, I agree to abide by the policies of Colorado Walks and its Volunteer Code of Conduct, and to fulfill the volunteer responsibilities to the best of my ability.

Signature

Date