

**THE CHILDREN'S HOSPITAL  
Denver, Colorado**

**VOLUNTEER APPLICATION**

Mr./Miss/Ms./Mrs./Dr. NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FAX #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

BILINGUAL: \_\_\_\_\_

EMPLOYMENT/SCHOOL: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

PARENT COMPANY NAME: \_\_\_\_\_ SUBSIDIARY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

CIRCLE HIGHEST LEVEL OF EDUCATION COMPLETED:

HIGH SCHOOL

COLLEGE - 1 2 3 4

GRADUATE - 1 2 3 4

VOCATIONAL TRAINING: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

REFERRED BY (NAME): \_\_\_\_\_

1 - Self

2 - Volunteer

3 - Media

4 - Friend

5 - Hospital Employee

6 - Other

LIST 2 REFERENCES (Not including relatives):

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home number: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home number: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

LIST PAST OR PRESENT VOLUNTEER SERVICE: \_\_\_\_\_

PLEASE CIRCLE WHEN YOU WOULD BE AVAILABLE TO VOLUNTEER:

	<u>Morning</u>	<u>Afternoon</u>	<u>Mid-Afternoon</u>	<u>Evening</u>
MONDAY	8:00-12:00	1:00-4:00	3:00-6:00	6:00-9:00
TUESDAY	8:00-12:00	1:00-4:00	3:00-6:00	6:00-9:00
WEDNESDAY	8:00-12:00	1:00-4:00	3:00-6:00	6:00-9:00
THURSDAY	8:00-12:00	1:00-4:00	3:00-6:00	6:00-9:00
FRIDAY	8:00-12:00	1:00-4:00	3:00-6:00	6:00-9:00
SATURDAY	8:00-12:00	1:00-4:00	3:00-6:00	6:00-9:00
SUNDAY	8:00-12:00	1:00-4:00	3:00-6:00	6:00-9:00

I would like to volunteer for special events: \_\_\_\_\_ If so please indicate availability daytime / evening/ weekend

CIRCLE UP TO FIVE OF YOUR MAJOR SKILLS:

- |                          |                                      |                       |
|--------------------------|--------------------------------------|-----------------------|
| 03 - Arts and Crafts     | 17 - Legislative                     | 27 - Sales            |
| 05 - Art, Graphic        | 18 - Marketing                       | 28 - Secretarial      |
| 06 - Bookkeeping         | 19 - Motivational Training           | 33 - Teaching         |
| 07 - Business Management | 21 - Journalism/Newspaper Production | 34 - Typing           |
| 09 - Catering            | 22 - Nutrition                       | 36 - Fundraising      |
| 12 - Computers           | 23 - Photography                     | 37 - Foreign Language |
| 13 - Hair Design         | 26 - Public Speaking                 |                       |

00 - Other (Please Specify): \_\_\_\_\_

CIRCLE UP TO 3 HOBBIES YOU ARE INTERESTED IN:

- |                            |                 |                       |
|----------------------------|-----------------|-----------------------|
| 01 - Aerobic Exercise      | 10 - Hunting    | 18 - Spectator Sports |
| 02 - Antiques/Collectibles | 12 - Music      | 19 - Tennis           |
| 03 - Camping               | 13 - Needlework | 20 - Travel           |
| 05 - Cooking               | 14 - Reading    | 21 - Writing          |
| 07 - Fishing               | 15 - Sailing    | 22 - Special Events   |
| 08 - Gardening             | 16 - Sewing     | 23 - Golf             |
| 09 - Hiking                | 17 - Skiing     |                       |

00 - Other (Please Specify): \_\_\_\_\_

VOLUNTEER PRIVACY INFORMATION AND RELEASE AUTHORIZATION. Please read the following carefully:

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal if discovered at a later date.

I understand that The Children's Hospital requires certain information both personal and professional from me to evaluate my qualifications and consider me for volunteer service. I understand that in consideration of my application, a background investigation may be conducted. I authorize and release all past and present employers, personal references and any other organizations to answer all questions asked concerning my previous employment and/or volunteer record, ability, character, educational background, military service, criminal history and, if applicable, driving history.

In consideration of my application for volunteer service, I authorize The Children's Hospital and all associated entities to conduct such an investigation and release all before mentioned companies from any liability or responsibility for this investigation, which may include, but is not limited to, the performance of medical examinations, drug screening, reference verification, driving history, military service and criminal background check which may be in the files of any state or local criminal justice agency. I understand that any information requested is for the sole purpose of gathering information accurately for use in the above mentioned employment and background investigation.

I have read and understand the above, and by my signature consent to these statements.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer Signature

\_\_\_\_\_  
Date

**Return completed application to:**  
**The Children's Hospital**  
**Association of Volunteers**  
**13123 East 16th Avenue, B465**  
**Aurora, CO 80045**