



Colorado River
Foundation

Volunteer Application

Colorado River Foundation

Mailing Address:
P.O. Box 50029
Austin, TX 78763
Phone (512) 498-1587 Fax: (512) 473-3253
www.coloradoriver.org



Colorado River
Foundation

Date: _____

Name: _____

Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Please select volunteer areas of interest:

- Redbud Center Docent/Tour Guide
- CRF Administrative Support
- CRF Marketing/Special Events Support
- Internship *(must commit to minimum of 20 hours a week)*

Please indicate when you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday*
Daytime Hours						

*Currently there are limited weekend volunteer opportunities

How did you learn about our volunteer program?

- Class Presentation
- Volunteer Center
- Internet site: _____
- Volunteer Fair
- Flyer
- Friend/Volunteer: _____
- Professor
- Newspaper/Magazine
- Other: _____

Are you volunteering for class credit? __Yes __No Name of class/instructor: _____

Are you currently employed? __Yes __No Place of employment: _____

Are you currently attending school? __Yes __No Name of school: _____

What languages do you speak fluently? __ English __Spanish Other: _____

Do you have experience with children? List ages and type of activity: _____

Have you worked with these children as a volunteer or as a professional? _____

Do you have a police record? Yes No If "yes", please explain _____

Work with children can be active and stressful. Do you have any current physical or emotional health conditions that may pose a risk for you? Yes No If "yes", please explain _____

Volunteer experience (Give name of organization and dates involved): _____

Present memberships in clubs or organizations, including any office or responsibility: _____

Why do you want to become a volunteer with the Colorado River Foundation? _____

What do you feel are your strengths and weaknesses? _____

EMERGENCY CONTACT INFORMATION

Name of person to contact in the event of an emergency: _____

Relationship to you: _____

Phone Numbers: (Work) _____ (Cell) _____

Physician: _____

Physician's Phone Number: _____

REFERENCES

List one professional and one personal reference with email addresses and phone numbers (please do not include family members):

1. Name _____ Relationship: _____

Email Address _____ Phone Number _____

2. Name _____ Relationship: _____

Email Address _____ Phone Number _____

I UNDERSTAND THAT THE COLORADO RIVER FOUNDATION WILL CONTACT MY REFERENCES TO OBTAIN INFORMATION REGARDING MY SUITABILITY TO WORK WITH CHILDREN. ALL OF THE INFORMATION ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AGREE TO TAKE ANY REQUIRED ORIENTATION OR TRAINING NECESSARY FOR THE VOLUNTEER POSITION(S) THAT I HIGHLIGHTED ON MY APPLICATION. I UNDERSTAND THAT CRIMINAL HISTORY RECORDS INFORMATION WILL BE OBTAINED. I UNDERSTAND THAT I WILL BE UNABLE TO VOLUNTEER UNTIL THE CHECK HAS BEEN COMPLETED.

FORM GRANTING PERMISSION FOR SUCH CHECKS IS ATTACHED.

Signature: _____ Date: _____

4. YES NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: _____ City: _____ Date of Offense: _____

Details of conviction: _____

5. YES NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: _____ County: _____ Date of Arrest _____

Details of pending charges: _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE	YEARS LIVED

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE. I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE CHURCH.

Signed this _____ day of _____, 20_____

APPLICANT (PRINT NAME)_____

APPLICANT'S SIGNATURE_____