



Human Trafficking Task Force of Southern Colorado

Volunteer Application

General Information

Name: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

Are you 18 years or older? _____

Areas of Interest

Please check all that apply

<input type="checkbox"/>	Diversion – support program as needed
<input type="checkbox"/>	Advocacy Day – public relations, phone calls, admin support, participation
<input type="checkbox"/>	Social Media – update and post HT specific events and info.
<input type="checkbox"/>	Community Events – support the Task Force by manning the information table
<input type="checkbox"/>	Technology – monthly meetings, other requests as needed
<input type="checkbox"/>	Presentations – trained volunteers present to groups/organizations as requested
<input type="checkbox"/>	Symposium – assist coordinator in role, set up/tear down, registration, advertising
<input type="checkbox"/>	Hospitality – snacks, monthly meetings, sign-in table
<input type="checkbox"/>	Resource Collaboration (provider list)

Areas of Skill

Please check all that apply

<input type="checkbox"/>	Administration	<input type="checkbox"/>	Host - Welcome/Setup/Sign-in
<input type="checkbox"/>	Social Media	<input type="checkbox"/>	Legislative Awareness
<input type="checkbox"/>	Graphic Design	<input type="checkbox"/>	Coordinating Volunteers
<input type="checkbox"/>	Web Design	<input type="checkbox"/>	Provide snacks or food for meeting
<input type="checkbox"/>	Grant Writing	<input type="checkbox"/>	Manual Labor

Availability

<input type="checkbox"/>	Monday -	<input type="checkbox"/>	Friday -
<input type="checkbox"/>	Tuesday -	<input type="checkbox"/>	Saturday -
<input type="checkbox"/>	Wednesday -	<input type="checkbox"/>	Sunday -
<input type="checkbox"/>	Thursday -	<input type="checkbox"/>	

Experience

Occupation: _____ Employer: _____

Describe your formal/informal training and experience pertinent to the volunteer services you would provide:

Other organizations to which you have provided volunteer services:

What do you hope to gain from volunteering?

To be completed by all applicants

Have you ever been convicted of any criminal offense other than the following:

- * Minor traffic violation with a fine of \$500 or less; **or**
- * Offenses settled in juvenile court or under welfare youth offender law?

Yes No (please circle one)

Depending on your volunteer capacity, a background check might be required in the future, agree?

Yes No (please circle one)

References (Exclude Relatives)

A minimum of 2 reference checks are to be conducted. One reference must be current employer if employed.

1. _____ Name	1. _____ Name
2. _____ Occupation	2. _____ Occupation
_____ Home Phone	_____ Home Phone
_____ Work Phone	_____ Work Phone

Emergency Information Name and Phone Number of person to be notified in case of accident or emergency.

Name: _____ Phone #: _____

Signature of Applicant: _____ Date: _____

For office use Rec'd by admin: _____ Ref check: _____