



CITY OF ARVADA  
 HUMAN RESOURCES DEPARTMENT  
 8101 RALSTON ROAD, ARVADA, CO 80002  
 720-898-7555

**VOLUNTEER ENROLLMENT FORM**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Current employer (or last employer if retired): \_\_\_\_\_  
 Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ ok to call at work? \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**AVAILABILITY: Please check the days that are best for you.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Approximately how many hours per week do you wish to volunteer? \_\_\_\_\_

**SKILLS AND INTERESTS**

Education: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Hobbies, Skills, Interests: \_\_\_\_\_  
 Computer Skills: \_\_\_\_\_  
 Previous volunteer experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List two references, other than relatives, who have known you for at least one year:

1. \_\_\_\_\_ Phone: \_\_\_\_\_
2. \_\_\_\_\_ Phone: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This Document is intended to be kept in the department where volunteer will work. Revised 1-15-08

**To be completed by Volunteer's Supervisor**

Volunteer Documents Needed: Please initial when complete  
 This application (optional): \_\_\_\_\_  
 Limited volunteer agreement: (required): \_\_\_\_\_  
 Summary of your rights under the fair credit reporting act—when background check if required: \_\_\_\_\_  
 Fair credit Reporting act disclosure & authorization—when background check is required: \_\_\_\_\_  
 \_\_\_\_\_