



Volunteer Information Form and Application

Name: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell Phone: _____
 Email: _____

AGE 18 OR OLDER YES NO If no, list date of birth _____

If you are applying for a position which requires driving, do you possess a valid driver's license? Y N

Are You? (Select those that apply)

Alumnus Alumnus Family Member
 Board Member 5th Step Listener
 EP Community Recovery Community
 Knows a Harmony Employee If so, who? _____
 Other: _____

Why are you interested in volunteering at Harmony? _____

To satisfy School/Class/Scholarship _____ Community Service Work _____ Community Service Requirements _____ For CAC hours _____ Other: (Please explain) _____

What skills will you bring with you as you volunteer? (computer, office equipment, etc.) _____

PLEASE COMPLETE VOLUNTEER SKILLS DOCUMENT

When are you available to volunteer?

Start Date: _____ End Date: _____

Time: Does not have specific times.

Has specific times:

Sunday Times: _____
 Monday Times: _____
 Tuesday Times: _____
 Wednesday Times: _____
 Thursday Times: _____
 Friday Times: _____
 Saturday Times: _____

Have you had any previous volunteer experience? If so, what did you do and for whom? _____

Please list one personal reference that we could contact. (If you are volunteering to be a 5th step listener, please list individual referring you)

NAME: _____ PHONE # _____

Applications are considered for volunteer positions for which they have applied without regard to race, religion, sex, age, national origin, sexual orientation and other characteristics protected by law.

I certify that all statements made in this application are true and complete. I authorize Harmony Foundation to investigate all statements made as part of this application and to secure any necessary information from references or previous volunteer positions, as required. I hereby release all such persons, entities, volunteer programs, references, and Harmony Foundation from any and all liability arising from their giving and receiving information about my volunteer history, driving record, and criminal record. A photocopy of this release can be used for all purposes.

If the volunteer position you are applying for requires a therapeutic relationship with our clients, a background check will be completed with the state of Colorado CBI, National Background check, Child Abuse Registry, and Motor Vehicle. A negative response to this check will require further contact with you to clarify. This does not preclude you from volunteering.

I understand that any false answers or misleading statements as well as misrepresentations by omission made by me as part of my application may be sufficient for rejection of my application or immediate discharge should one be discovered after I have started volunteer activities. I understand that nothing in this application, in Harmony's statement of personnel policies or in my communication with any Harmony employee or official is intended to create an employment contract between Harmony and me. Accordingly, either I or Harmony Foundation may terminate my volunteer status at will at any time or without cause or notice.

I understand that I will not be paid or receive any other remuneration for my services as a volunteer with Harmony.

I hereby acknowledge that I have read, understand, and agree to the preceding statements.

Signature: _____ Date: _____

For Office Use Only:

Screening:

Screened

Unscreened

Date Screened: _____

By whom: _____

Accepted

Rejected

Is Volunteer Currently Active?

Yes

No

Name of Volunteer Manager: _____