



3370 South Irving Street
 Englewood, Co 80110-1816
 (303) 789-0501 • (303) 789-3808 Fax
 www.ifcs.org

This form must be completed and returned BEFORE registering for at <http://ifcs.volunteerhub.com>

Please PRINT answers to ALL Questions

Date: _____

Name: _____
First Middle Last

Date of Birth: _____ Gender: M F Other

Home Address: _____
Street City Zip

Email: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact: _____
Name Phone Number

Emergency Contact Relationship: _____

Do you have applicable professional training/skills/foreign languages? If yes, please specify:

In which volunteer activities do you have the most interest? If more than one, please rank starting with #1.

- | | | |
|------------------------------------|-------------------------------------|-------------------------------|
| <u>Year-Round:</u> | <u>Seasonal</u> | <u>One-Time:</u> |
| _____ Food Bank Shopping Assistant | _____ Fundraising Committee Member | _____ Special Event Assistant |
| _____ Clothing delivery Assistant | _____ Holiday Program Volunteer | _____ Holiday Basket Deliver |
| _____ Admissions Assistant | _____ Ready, Set, School! Volunteer | _____ Mother's Day Assembly |
| _____ Donation Pick-up Driver | | |

Volunteer Availability

Date Available: _____

<i>Please place and X in the boxes indicating when you are generally available to provide volunteer service.</i>							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Are you aware of any activities or vacations that would limit your availability to volunteer?

How did you learn about IFCS (Please check all that apply) _____ Friend _____ Coworker
_____ IFCS Presentation _____ IFCS Web Site _____ Volunteer Match web listing
_____ News Article _____ Food Drive _____ Other (Please Identify) _____

Why do you want to volunteer at IFCS?

Have you ever worked with low-income families or seniors? (If yes, please describe experience):

Please provide details regarding pertinent work or volunteer experience plus education, interests, hobbies, etc:

Do you have any physical or health restrictions (Please specify):

What accommodations would be helpful to make volunteering more accessible for you?

Current Employer: _____
Company Name Supervisor Phone

List a reference we may contact:
Name Email Phone

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No

If yes give details: _____

Signature _____ Date _____

Return To: Integrated Family Community Services, 3370 S. Irving St., Englewood CO 80110
Attn: Volunteer Coordinator
FAX: 303-789-3808 kendrab@ifcs.org

For Office Use ONLY:		Application Received: _____
Initial contact date: _____	Interview date: _____	Paperwork completed on: _____
Background check: _____	Orientation: _____	
Initial placement: _____	Supervisor: _____	
Additional placements: _____	Supervisor: _____	
Short term feedback: _____	Long term feedback: _____	Exit Interview: _____