

Please PRINT answers to ALL Questions

Date: _____

Name: _____
First Middle Last

Date of Birth: _____ Gender: _____

Home Address: _____
Street City Zip

Email: _____

Cell Phone #: _____ Home Phone #: _____

Emergency Contact: _____
Name Phone Number

Emergency Contact Relationship: _____

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

Current Volunteer Opportunity

(Mark the position you're interested in)

Food Market Volunteer: Help staff complete the day-to-day tasks that includes assisting staff with making prepackaged food boxes, distributing food boxes, accepting, sorting donations, and stocking shelves. **Must be able to lift up to 40 pounds and enjoy working with a team.**

Admissions Assistant: Help staff take phone calls, enter data, and complete special projects. **This is a sedentary position, and requires basic computer knowledge.**

Donation Pick-up Driver: Help staff pick up donations from local businesses and community partners. Scheduling with this position is flexible, though we prefer morning availability and volunteers who can be 'on-call.' We have a van for large pick ups, but some volunteers may prefer to use a personal vehicle. **Requires Colorado Driver's License, age 21 and older, and if using a personal vehicle, valid car insurance.**

Volunteer Availability – Food Market

Shift	Monday	Tuesday	Wednesday	Thursday	Friday
8:30-11:30 AM					
12:30-3:30 PM					

Volunteer Availability – Admissions Assistant

Shift	Monday	Tuesday	Wednesday	Thursday	Friday
8:30 AM-12 PM					
12:30-3:30 PM					

Volunteer Availability – Donation Pickup Driver

Shift	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Date available to begin volunteering: _____

How did you learn about IFCS _____

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 [] Yes [] No (If yes please specify):

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

Current Employer: _____

Company Name

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: _____

If in High School, what school are you currently attending? _____

Volunteer Signature

Date

Guardian Signature (if under 18 years old)

Date

Email: taram@ifcs.org

FAX: 303-789-3808