



*Mountain
Peace Shelter*

Sheltering Hope for Peace in Our Communities Since 1986

Volunteer Application

Full Name: _____
(First) (Middle Name) (Last Name)

Address: _____ City: _____ Zip: _____

Mailing Address: (if different): _____

Email Address: _____

Telephone: (H) _____ (C) _____ (W) _____

Are you currently employed? Yes _____ No _____ Employer: _____

Volunteer Interests/Skills:

- | | | |
|--|---|--|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Computer | <input type="checkbox"/> Crisis Line |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Office Work | <input type="checkbox"/> Pet Foster Home |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Garage Sale | <input type="checkbox"/> Donation Coordinator |
| <input type="checkbox"/> Handyman/woman | <input type="checkbox"/> Grant writing | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Holiday Decorating | <input type="checkbox"/> Special Events | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Taste of Italy Fundraiser | <input type="checkbox"/> Coffee Can Fundraiser | <input type="checkbox"/> Writing/brochures |
| <input type="checkbox"/> Hauling/pick up items | <input type="checkbox"/> Transportation to apts | <input type="checkbox"/> Manning booth at events |
| <input type="checkbox"/> Yard Work | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Home Décor | <input type="checkbox"/> Other: _____ |

Volunteer Availability

_____ Weekends _____ Weekdays _____ Mornings _____ Evenings _____ Anytime _____ Other: _____
_____ Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday

I am interested in volunteering for the Mountain Peace Shelter

_____ For special events/one time project _____ For an on-going commitment _____ As needed-please contact me

Current licenses/professional certifications that you possess:

Other skills/interests/education that you possess that you feel may be beneficial to our shelter:

P. O. Box 836, Bailey, Colorado 80421

Phone/Hotline: 303-838-7176

Fax: 303-838-4162

Email: Info@mountainpeace.org

www.mountainpeace.org

Have you, or someone in your immediate family had a personal experience involving any of the following? If yes, please explain. (All information is kept confidential.)

- _____ Domestic Violence _____
- _____ Child Abuse _____
- _____ Sexual Assault/Abuse _____
- _____ Incest _____
- _____ Juvenile Court System _____
- _____ Criminal Court System _____
- _____ Alcohol and/or drug abuse _____
- _____ Felony Conviction _____
- _____ Restraining Orders _____

Have you had any previous experience working with victims? _____

References: Please list two people whom we could call for a reference.

1. Name: _____ Phone: _____
How do you know this person? _____
2. Name: _____ Phone: _____
How do you know this person? _____

Due to the nature of our program and the confidentiality of our location and residents, all volunteers over 18 must consent to a background check through the Colorado Bureau of Investigation (CBI). Please provide us with your date of birth (DOB), as well as any other names you may have used in the past (maiden name/other married names). Your signature below authorizes the Mountain Peace Shelter to obtain a criminal record check on you. All results are confidential.

DOB: _____ Other names used: _____

Signature: _____ Date: _____

The cost for this check is \$8.00 per person. Would you be willing to make a donation to Mountain Peace Shelter to cover all or part of this fee? ___ No, I am unable to at this time ___ Yes, fee attached. (___ Check ___ Cash)

Please return completed application to Mountain Peace Shelter, PO Box 836, Bailey, CO 80421

For Office Use:	
Date Received: _____	Interviewed By: _____
Criminal Record Check: Completed: _____	
Reference Check Completed: _____	
Volunteer Training: _____	
Volunteer Assignment: _____	
Data Base entry: _____	

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