



Volunteer Application for Education Program

Personal Information

Name: (last, first, middle) _____

Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Emergency Contact Information

Full Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Street Address: _____

City, State, Zip: _____

Education

High School: _____

Undergraduate School: _____ Degree: _____ Major: _____

Graduate School: _____ Degree: _____ Major: _____

Post Graduate School: _____ Degree: _____ Major: _____

Other: _____

Employment Information (if retired or not employed, please list your last place of employment)

___ Student ___ Employed ___ Not Employed ___ Not Employed at this time ___ Retired

Employer: _____

Department: _____ Title: _____

Street Address: _____ City, State, Zip: _____

Availability to Volunteer:

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____

How did you hear about Blue Sky Bridge?

____ Family ____ Volunteer Agency ____ School

____ Friend ____ Work ____ Fundraising Event

Other: _____

Were you referred to us by an agency volunteer or staff member? Please let us know his or her name:

Skills (check all that apply)

General Skills

Computer Skills

Language Skills

___ Administrative

___ PowerPoint

___ Public Speaking/Presenting

___ Human Resources

___ Word Processing

___ Foreign Language (please specify) _____

___ Writing/Editing

___ Spreadsheets

Auto Information

Do you have automobile insurance? ___ Yes ___ No

Driver's License # _____ State: _____ Expires: _____

(Please provide us with a copy of your driver's license and current auto insurance)

Colorado requires that all drivers have auto insurance and a valid drivers license to operate a motor vehicle. I do and will continue to comply with the Colorado State Law that requires all drivers to have a valid Colorado drivers license and minimum automobile insurance.

Please Initial: _____ Date: _____

Intellectual Property

I understand that in the course of volunteering I may participate in or create intellectual property on behalf of Blue Sky Bridge. I understand that all such property, and all rights to its use, belongs exclusively to the agency. I shall exercise due diligence in ascertaining the ownership of any non-agency intellectual property prior to its use by the agency, and shall work with appropriate agency staff to protect Blue Sky Bridge intellectual property.

Image and Performance Release (please choose one)

___ I hereby **grant** to Blue Sky Bridge the rights to use my image or video for Blue Sky Bridge displays associated with educational programs, and/or public relations. The above mentioned items will not be used for retail sale or retail products.

___ I **do not grant** to Blue Sky Bridge the rights to use my image or video for Blue Sky Bridge displays associated with educational programs, and/or public relations.

Disclosure

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

If so, please provide details:

Authorization for Background Check

As an applicant for a volunteer position with Blue Sky Bridge, I realize that a thorough background investigation is conducted to qualify me for volunteering. I understand that Blue Sky Bridge must verify my date of birth and social security number. I am mailing my application, signed authorization for background check, and a photocopy of a government issued photo ID.

I hereby authorize the release of any information relating to my criminal history, driving record, and any additional specific information relating to the position that I am applying for, unless restricted by law. This authorization is made voluntarily, for the purposes of volunteering only, and information should be given only in response to an authorized request from Blue Sky Bridge.

Authorization by: Full name (First, Middle, Last): _____

___ Male ___ Female Date of Birth: _____ Social Security No: _____

Signature & Verification

I certify that the information provided in the Volunteer Application is true and correct, and that I have read and understand this Application, including without limitation the Release above. I freely and voluntarily agree to all of the conditions and responsibilities listed herein both for myself and on behalf of any minor children as indicated below.

Signature of Applicant

Date