

# Volunteer Thornton Application

MAKE TIME

• MAKE FRIENDS

• MAKE A DIFFERENCE



Mail to:  
**Volunteer Thornton**  
9209 Dorothy Boulevard  
Thornton, CO 80229

Email to:  
**volunteers@cityofthornton.net**

Fax to:  
**720-977-5884**

Apply Online:  
**volunteers.cityofthornton.net**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## What are your preferred levels of commitment? Check at least one.

- Event Only       Regular Commitment       Short-Term Projects       No Preference

## When can you volunteer? Please indicate your typical hours of availability on the chart below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	As Needed

## Why are you interested in volunteering?

## What are your skills?

## How did you hear about Volunteer Thornton?

## Programs of Interest: Please check any programs you are interested in.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Special Events     | <input type="checkbox"/> Youth Sports Coach         | <input type="checkbox"/> Victim Advocate                |
| <input type="checkbox"/> Adopt-a-Flower Bed | <input type="checkbox"/> Fire Hydrant Painting      | <input type="checkbox"/> Water Ambassador               |
| <input type="checkbox"/> Adopt-a-Street     | <input type="checkbox"/> Snowbusters                | <input type="checkbox"/> Youth and Teen Volunteer Corps |
| <input type="checkbox"/> Arts and Culture   | <input type="checkbox"/> Storm Drain Marker Program | <input type="checkbox"/> Other: _____                   |

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**Do you require any reasonable accommodations to perform the functions or duties of a volunteer?**

If yes, please explain: \_\_\_\_\_

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**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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**Employment and Volunteer Experience:** List any previous work or volunteer experience that relates to your area(s) of interest.

Name of Organization: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Average Hours per Week: \_\_\_\_\_

Duties: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Average Hours per Week: \_\_\_\_\_

Duties: \_\_\_\_\_

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**Additional Information**

Number of years lived in Colorado: \_\_\_\_\_ States lived in the past 10 years: \_\_\_\_\_

Is this volunteer service court ordered?  Yes  No

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**Disclaimer**

**Confidentiality Statement:** As a volunteer for the City of Thornton I understand that some of my work may involve access to information and records that are considered confidential. I acknowledge my responsibility to respect the confidentiality of others, to follow procedures in order to protect privacy, and to act in a professional manner with the public. I further understand that if I violate confidentiality or am unprofessional, I will be dismissed immediately. I understand this action to be necessary in order to maintain high professional standards of the City of Thornton.

**Background Check Authorization:** The City of Thornton will conduct a background investigation on the applicants, including, but not limited to, the verification of criminal record history, driving record history, and the National Sex Offender Public Registry. By signature below, I hereby authorize the City to conduct such investigation without further notice. I also consent to the release of any confidential information held by prior employers or held by any other person or organization to enable the City to conduct the background investigation. It is my responsibility to notify the City of any changes in my criminal history.

**Release of Liability:** I acknowledge participation in the Volunteer Thornton program involves risk of physical injury or damage to personal property. I hereby expressly assume such risk of physical injury or damage to personal property, and release and waive any claims against Thornton, its agents and employees, such injury or damage, and further agree to hold the City of Thornton, its agents and employees, harmless for any injury to me while participating in the City's volunteer program. It is my understanding that while volunteering for the City of Thornton, volunteers are covered under the City's volunteer medical insurance policy as their secondary coverage. I acknowledge I have read and understood this agreement. I certify that all statements on this form are true and complete and understand that false statements or incomplete information shall be sufficient cause to not accept me as an applicant or dismiss me as a volunteer.

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Signature of Applicant

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ID/License # (attach a copy)

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Signature of Parent or Guardian if Applicant is under 18

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Date