

Start Date: _____ Mo./Day/Year
Ending Date: _____ Mo./Day/Year

HOPE CENTER, INC.
Volunteer Application
www.hopecenterinc.org

**Administration and
Early Childhood Education**

3400 Elizabeth Street
Denver, Colorado 80205

Vocational

3475 Holly Street
Denver, Colorado 80207

Please use type or print in ink. Be sure to answer all questions.

1. Position Applying For: _____

2. Name: _____
First Middle Last

3. Present Address: _____
Number & Street City State Zip

4. Phone Number: (____) _____ Other: (____) _____

5. Are you 18 years of age or older? _____
If under the age of 18, do you have an employment/age certificate? Yes___ No ___

6. Social Security Number: - -

7. Are you a citizen of the United States? Yes No
If naturalized, please give date of final papers: _____

8. Have you any disability which could restrict your in carrying out your volunteering responsibilities? _____

9. Name of person to notify in case of emergency: _____
(____) _____ (____) _____
Phone No. Other No. Address

10. Check below days and list times you will be able to volunteer:

MONDAYS _____	FROM: _____	TO: _____
TUESDAYS _____	FROM: _____	TO: _____
WEDNESDAYS _____	FROM: _____	TO: _____
THURSDAYS _____	FROM: _____	TO: _____
FRIDAYS _____	FROM: _____	TO: _____

Length of time you are volunteering for: _____

If you have a Resume, please put "See Resume" on sections asking for Employment History and Education.

EMPLOYMENT AND/OR VOLUNTEER EXPERIENCE/REFERENCES

11. Present or Last Job Title: _____

DATE Employed: _____ DATE Separated: _____ YOUR Supervisor: _____
 Employer: _____

Name of Business Address City State

Contact Person: _____ Phone: (____) _____

Major Responsibilities: _____

Next Previous Job Title: _____

DATE Employed: _____ DATE Separated: _____ YOUR Supervisor: _____
 Employer: _____

Name of Business Address City State

Contact Person: _____ Phone: (____) _____

Major Responsibilities: _____

Next Previous Job Title: _____

DATE Employed: _____ DATE Separated: _____ YOUR Supervisor: _____
 Employer: _____

Name of Business Address City State

Contact Person: _____ Phone: (____) _____

Major Responsibilities: _____

REFERENCES

Give three references, not relatives or former employees.

NAME	TITLE	ADDRESS	PHONE

NOTE: Additional References can be attached.

21. Do you possess a current valid Colorado driver's license? Yes No

Have you had any convicted moving violations within the last three years? Yes No

22. Applicant is required to Read and Sign the following statements:

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me in this is true and complete to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact may constitute grounds for unfavorable consideration of my application or dismissal.

Any applicant who knowingly or willfully make a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S, and upon conviction thereof, shall be punished accordingly.

I hereby understand that to be in compliance with the Colorado Department of Human Services Rules and Regulations, HOPE Center must conduct a Criminal Record Check and Central Registry Inquiry on all new employees.

In the event you do not meet State requirements and are ineligible for employment, or if your relationship with HOPE Center terminates within a three-month period, the cost of the inquiries, as set forth by the cost will be absorbed by the agency.

Applicant's Name (Type or Print), Date

Signature of Applicant, Date

Our Company is an equal opportunity employer and will consider all applicants for all positions equally without regard to race, sex, age, color, religion, national origin, sexual orientation, veteran status or any disability as provided in the Americans With Disabilities Act.

THIS APPLICATION WILL REMAIN ACTIVE FOR ONE YEAR.

UPON EMPLOYMENT

I understand that my employment is "at will" and of indefinite duration and that I may terminate employment at any time with or without notice and for any reason, and HOPE Center reserves the right to do the same.

I have read and/or had explained to me and understand the personnel policies of HOPE Center, Inc., and the State of Colorado, as they apply to my position.

Employee's Signature

Date