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| --- | --- |
| Volunteer Application  Colorado Criminal Justice Reform Coalition **Mission is to eliminate the overuse of the criminal justice system and to advance community health and safety.** |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| City, State, Zip Code |  |
| Phone |  |
| Email |  |
| (Optional) Profession |  |

## Availability

### Please put a check mark by what days/times you are available throughout the week.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| 8am-10am □ | 8am-10am □ | 8am-10am □ | 8am-10am □ | 8am-10am □ | 8am-10am □ | 8am-10am □ |
| 10am-12pm □ | 10am-12pm □ | 10am-12pm □ | 10am-12pm □ | 10am-12pm □ | 10am-12pm □ | 10am-12pm □ |
| 12pm-2pm □ | 12pm-2pm □ | 12pm-2pm □ | 12pm-2pm □ | 12pm-2pm □ | 12pm-2pm □ | 12pm-2pm □ |
| 2pm-4pm □ | 2pm-4pm □ | 2pm-4pm □ | 2pm-4pm □ | 2pm-4pm □ | 2pm-4pm □ | 2pm-4pm □ |
| 4pm-6pm □ | 4pm-6pm □ | 4pm-6pm □ | 4pm-6pm □ | 4pm-6pm □ | 4pm-6pm □ | 4pm-6pm □ |
| 6pm-8pm □ | 6pm-8pm □ | 6pm-8pm □ | 6pm-8pm □ | 6pm-8pm □ | 6pm-8pm □ | 6pm-8pm □ |

## Interests

### Please indicate your areas of interest for volunteering (see volunteer program description for details)

|  |
| --- |
| Jail Based Voter Registration |
| Criminal Justice Agency Voter Registration |
| Door-to-Door Voter Registration and Get-Out-The-VOTE |
| Phone Banking |
|  |
|  |

## Special Skills or Qualifications

### (Optional) Are there any specific skills you would like for us to know about? If so, please comment in the space below.

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| --- |
|  |

## Previous Volunteer Experience

### Please summarize your previous volunteer experience in the space below.

|  |
| --- |
|  |

## Emergency Contact Information

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| City, State, Zip Code |  |
| Phone |  |
| Email |  |

## Agreement and Signature

### By submitting this application, I affirm the information provided is accurate to the best of my knowledge. This is an application for a volunteer opportunity not a position of employment. By signing this, I agree to maintain a level of professionalism whenever representing the Organization.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Equal Opportunity Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this application form and for your interest in volunteering with us.