

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 <input type="checkbox"/>						
10am-12pm <input type="checkbox"/>						
12pm-2pm <input type="checkbox"/>						
2pm-4pm <input type="checkbox"/>						
4pm-6pm <input type="checkbox"/>						
6pm-8pm <input type="checkbox"/>						

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.

--

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.