

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

**HOPE CENTER, INC.**  
**Volunteer Application**  
[www.hopecenterinc.org](http://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: 

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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 DATE YOUR  
 Employed: \_\_\_\_\_ Separated: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
**Name of Business                      Address                      City                      State**

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Major Responsibilities: \_\_\_\_\_

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 Next Previous Job Title: \_\_\_\_\_

DATE DATE YOUR  
 Employed: \_\_\_\_\_ Separated: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
**Name of Business                      Address                      City                      State**

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Major Responsibilities: \_\_\_\_\_

.....  
 Next Previous Job Title: \_\_\_\_\_

DATE DATE YOUR  
 Employed: \_\_\_\_\_ Separated: \_\_\_\_\_ 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.

**EDUCATION**

12. HIGH SCHOOL: \_\_\_\_\_  
Name Address City State Zip

Dates Attended: \_\_\_\_\_  
From To

13. College/University: \_\_\_\_\_  
Name Address City State Zip

Major Courses: \_\_\_\_\_ Semester(s)/Quarter(s) Completed: \_\_\_\_\_

Degree: \_\_\_\_\_ Award Date: \_\_\_\_\_

Type of Colorado Certification: \_\_\_\_\_

14. Graduate Education: \_\_\_\_\_  
Name Address City State Zip

Major Courses: \_\_\_\_\_ Semester(s)/Quarter(s) Completed: \_\_\_\_\_

Degree: \_\_\_\_\_ Award Date: \_\_\_\_\_

Type of Colorado Certification: \_\_\_\_\_

**FIELD WORK**

15. Placement Agency: \_\_\_\_\_  
Name Address

From: \_\_\_\_\_ To: \_\_\_\_\_ Describe Caseload: \_\_\_\_\_

16. List Educational Courses Completed pertinent to the position you are volunteering : \_\_\_\_\_

17. Skills and Qualifications: Computer Programs, Licenses, Skills, Training, Awards  
\_\_\_\_\_  
\_\_\_\_\_

18. List membership(s) in Organization, Educational Honors, Correspondence, Courses etc.  
\_\_\_\_\_

19. What languages do you speak fluently or understand? \_\_\_\_\_

20. Have you ever been convicted of a crime?  Yes  No  
If yes, please list offense(s) and date(s): \_\_\_\_\_  
\_\_\_\_\_

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**