



COMMUNITY ADVANCING PUBLIC SAFETY

Volunteer Application

Volunteer Services
705 S. Nevada Avenue
Colorado Springs, CO 80903

All volunteers must be at least 18 years or older to submit an application

First Name: _____ Middle: _____ Last: _____ MR MRS MS MISS
(Last Name as printed on an official identification)

Nickname(s): _____ Maiden Name: _____ Married Name(s): _____

Street Address: _____ Apt./Lot: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Work Phone: _____

Home Phone: _____ Mobile Phone: _____

Current Employer: _____ Former Military Yes No

Describe your duties on your current or most recent job:

List special skills, foreign languages or medical training you possess:

Please list any other volunteer experiences:

PLEASE COMPLETE THE OTHER SIDE





Are you actively seeking employment? Yes No

Upon a mutually agreeable assignment in CAPS, would you agree to six months, or one year of service?

When are you available for volunteer work?

Days available: Sun Mon Tues Wed Thurs Fri Sat

How did you hear about CAPS? _____

In case of emergency, whom should we contact?

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____ Home Phone _____ Work Phone _____

It is CAPS procedure to perform background checks on all applicants due to the nature and sensitivity of the work. Additionally, the successful completion of a polygraph examination is a qualification to work in certain units or programs as assigned.

NOTE: Applicants may not have used any drugs to include recreational marijuana and/or medical marijuana in the past 18 months. You also can not have used any illegal drug within the past 3 years (including LSD, heroin, cocaine, PCP, mushrooms/Psilocybin, amphetamines, inhalants, steroids, etc.)

Thank you for your application. CAPS will contact you directly for additional personal information necessary to complete this process.

The Official Volunteer Program
Colorado Springs Police and Fire Departments
Office of Emergency Management

