**Volunteer Application**

**Salutation**

Mr.

Mrs.

Ms.

**Name**

List name as printed on official identification.

First: 

Middle: 

Last: 

Maiden Name: 

Nickname(s): 

**Contact Information**

Please add @coloradosprings.gov to your safe senders list to ensure you receive our communications.

Street Address: 

Address Line 2: 

City: 

Zip: 

Phone: 

Phone Type:

Cell

Home

Email: 

**Employment History (If applicable)**

Current Employer: 

Describe the duties of your current job:



Former Employer: 

Former or Current Military:

Yes

No

Are you actively seeking employment?

Yes

No

**Education**

Highest Level of Education:

High School

Some College

Associate’s Degree

Bachelor’s Degree

Graduate Degree

Doctoral Degree

**Experience**

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



List any prior volunteer experiences:



**Availability**

Days Available:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

**Emergency Contact**

Emergency Contact Name: 

Emergency Contact Relationship: 

Emergency Contact Phone: 

**Survey**

Area of Interest:

Indicate which of the above volunteer openings you are seeking.



How did you hear about the CAPS Program?: 

**Agreement**

I understand the CAPS requirements for applications