



Colorado Discover Ability Summer Volunteer Application

Name _____ M/F _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Ok to Text? _____ Yes _____ No E-mail _____

Age _____ Birthdate _____ my superpower would be _____

Emergency contact

Name: _____

Phone # _____

Relationship _____

My current employer is _____

Does your employer have a matching program? _____ Yes _____ No

I am Retired

What days are you most likely to volunteer?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What type of programs are you interested in volunteering for:

<input type="checkbox"/> Camping	<input type="checkbox"/> Cycling	<input type="checkbox"/> Fishing*	<input type="checkbox"/> Kayaking
<input type="checkbox"/> Whitewater rafting	<input type="checkbox"/> Town Float	<input type="checkbox"/> Camp Freedom	<input type="checkbox"/> Hiking & Climbing

**All fishing volunteers are required to hold a valid CO State Fishing license.*

Current Certifications: -

CPR/TYPE EXPIRATION DATE _____

FIRST AID/TYPE EXPIRATION DATE _____

WILDERNESS F.A./TYPE EXPIRATION DATE _____

LIFEGUARDING EXPIRATION DATE _____

SWIFTWATER RESCUE EXPIRATION DATE _____

Please list any other certifications and expirations dates _____



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How did you hear about CDA? _____

How long have you been a CDA Volunteer? _____

Previous Experience

Please describe any previous volunteer experience:

Please describe your previous outdoor experience:

Please describe any experience working with people with disabilities or teaching experience:

Is there anything else that you would like us to know?

Tell us why you want to volunteer with CDA?

Please check additional skills you may be willing to contribute to the organization:

<input type="checkbox"/> Arts and crafts	<input type="checkbox"/> Communications	<input type="checkbox"/> Data entry	<input type="checkbox"/> Equipment maintenance
<input type="checkbox"/> Driver - Shuttle	<input type="checkbox"/> Event planning	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Grant writing
<input type="checkbox"/> Marketing	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Office admin	<input type="checkbox"/> Outreach
<input type="checkbox"/> Photography	<input type="checkbox"/> Web design	<input type="checkbox"/>	<input type="checkbox"/> Other _____

REMINDER

All volunteers must complete a background check once per year. Please visit our website www.coloradodiscoverability.org or contact the office at 970-257-1222 to find out more about this procedure.

I have completed a CDA background check in the last year.

I have not completed a CDA background check in the last year.

Thank you for continuing to give your time and passion to our program!

For office use ONLY:
Date received

Master _____

Database _____