



VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____

Email: _____

Availability	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mornings (8-12)							
Afternoons (1-4)							
Evenings (5-8)							

Frequency: Weekly Bi-Weekly Monthly On Call Special Projects

Date Available to start: _____

Start Time (Range): _____ End Time (Range): _____

Computer Literate: Y N Data Entry Experience: Y N Phone Skills: Y N

Special Accommodations Needed: Y N If yes, please describe _____

Volunteer Opportunities Include: *(Please Check Interest)*

- | | | |
|--|---|---|
| <input type="radio"/> Exhibit/Program Volunteer | <input type="radio"/> Event Prep | <input type="radio"/> Material Prep |
| <input type="radio"/> Computer Work/Data Entry | <input type="radio"/> Event Help | <input type="radio"/> Marketing Projects |
| <input type="radio"/> Family Volunteering | <input type="radio"/> Special Events | <input type="radio"/> Other Projects |

What would you like to learn from your volunteer experience? _____

List your special hobbies, skills and talents: _____

List your Volunteer Experience: _____

Have you ever been convicted of a crime? (Please omit traffic offences and sealed/expunged convictions)
_____ Yes _____ No If yes, please explain _____

References: (Please provide 2 professional or character references)

Name:	Relationship:	Phone Number:

As a volunteer, I understand that not everyone who applies is accepted as a volunteer. I will be expected to attend an orientation and or training prior to beginning my assignment. Volunteers under the age of 18 must obtain Parental/Guardian Consent. PCEC will check the references provided. PCEC reserves the right check of the volunteer's criminal history may be made to verify the responses to the questions on this application. All volunteer positions are subject to a probationary period and ongoing evaluations.

Applicant Signature

PCEC Director Signature

Office Use Only	
Interview Date:	Assignment:
Orientation Date:	Criminal Record Check:
Start Date:	Reference Check:

Please return application to:

Prostate Conditions Education Council, 7009 S. Potomac Street, #125, Centennial, CO 80112, Fax to 303.320.3825 or email to info@prostateconditions.org.