

SIX POINTS VOLUNTEER APPLICATION

Thank you for your interest in volunteering at Six Points! To help make the experience mutually beneficial, please fill out this application and return to any staff member at Six Points.

CONTACT INFORMATION

Today's Date: _____

Name _____ Home Phone _____ Cell Phone _____

Street Address _____ City _____ State _____ ZIP _____

Email address _____ Emergency Contact- Name, Phone _____

If representing a group (church, school, business, etc.), name of organization _____

Business Phone _____

Why are you interested in volunteering at Six Points?

AREAS OF INTEREST:

I would like to help in these areas (please check applicable boxes):

- | | | |
|--|---|--|
| <input type="checkbox"/> Volunteer with Special Olympics** | <input type="checkbox"/> Organize Thrift Store § | <input type="checkbox"/> Go on walks with clients* |
| <input type="checkbox"/> Teach/assist with drama class* | <input type="checkbox"/> Create Store Displays § | <input type="checkbox"/> Cook or bake with clients* |
| <input type="checkbox"/> Teach/Assist with art class* | <input type="checkbox"/> Process Donations in Thrift Store § | <input type="checkbox"/> Teach/assist with crafts for clients* |
| <input type="checkbox"/> Teach/assist with music class* | <input type="checkbox"/> Help a client use the computer* | <input type="checkbox"/> Eat lunch with a client † |
| <input type="checkbox"/> Mat/frame client artwork | <input type="checkbox"/> Help a client learn to read* | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Yard Work/Landscaping* | <input type="checkbox"/> Help a client paint furniture* | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Assist with birthday/holiday parties* | <input type="checkbox"/> Help a client water, pot, and sell plants* | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Clean Thrift Store § | <input type="checkbox"/> Swim at the pool with a client* | <input type="checkbox"/> Other: _____ |

*By appointment

§ Mon -Sat between 9-5

**March-June each year

† M-F 12-1 pm

One-on-one time spent with clients when no other staff is present will require a background check and possibly some training.

What specific experience supports your request to serve in above area/s (i.e., hobbies, training, interests, life experience, etc)?

AVAILABILITY:

- How many **hours per week** are you available to volunteer (approximately)? _____
- Are you interested in a **short-term** volunteer position (ending date _____) **OR** an **on-going** volunteer position?
- Best days to volunteer are:
 weekdays (which days?) _____
Best time of day: **morning**(from/to _____) **afternoon** (from/to _____) **evening** (from/to _____)
 weekends (which days?) _____
Best time of day: **morning**(from/to _____) **afternoon** (from/to _____) **evening** (from/to _____)
- Would you prefer **direct contact** with our clients **OR** **no direct client contact**?
- Please list any physical restrictions/limitations that we should be aware of:

(CONTINUED)

PLEASE TELL US ABOUT YOURSELF!

1. My hobbies are _____

2. My job, business, or profession that would be of interest to Six Points is: _____

3. Experience, talents, or interests that I would like to share are _____

For more information about volunteering at Six Points, please contact Margaret at
margaret.schneider@sixpointsgunnison.org

Six Points Evaluation and Training; 1160 N. Main St.; PO Box 1002, Gunnison, CO 81230; FAX: 970-641-0800
www.sixpointsgunnison.org

9/2016

OFFICE USE ONLY: Volunteer Handbook sent/read (date _____)

Client "Cheat-sheet" read (date _____)

Insurance Release signed (date _____)

Confidentiality signed (date _____)