



VOLUNTEER APPLICATION

Name: _____ DOB _____
Last First Middle Initial

Address: _____
Number and Street City State Zip code

Mobile Phone # _____ 2nd Phone # _____

Email Address _____

Are you over 18 years old? ___ Yes ___ No

Have you ever been convicted of a crime? ___ Yes ___ No

If yes, explain: _____

Education:

High School: Number of years completed (circle one) 1 2 3 4 Diploma: ___ Yes ___ No G.E.D.: ___ Yes ___ No

College and/or Vocational School: Number of years completed (circle one) 1 2 3 4 5 6 7

School(s) _____ Address _____

Major _____ Degrees Earned (Date) _____

Describe other training or degrees: _____

Previous Volunteer Experience:

Organization _____ Date of service: From _____ To _____

City/State _____ Position/Duties _____

Organization _____ Date of service: From _____ To _____

City/State _____ Position/Duties _____

Organization _____ Date of service: From _____ To _____

City/State _____ Position/Duties _____

Additional Information:

1. What is your reason for seeking to volunteer here?

2. What special skills, talents, gifts or personality traits would you bring?

References:

Please provide at least two employment references and at least two personal references:

Name Address Phone # Years Acquainted Relationship

- 1. _____
- 2. _____
- 3. _____
- 4. _____

APPLICANT'S CERTIFICATION AND AGREEMENT I certify that the facts set forth in this application are true and complete to the best of my knowledge, and I authorize Eudaimonia and it's representatives to verify their accuracy and to obtain reference information on my character and capabilities. I release Eudaimonia and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. I give permission to Eudaimonia to conduct a criminal background check to the extent that my volunteer duties may involve interaction with minors. If I become a volunteer, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I recognize that as a volunteer, I will serve in a different role than that of an employee and I am not seeking, nor expecting to receive any compensation or other benefits in return for volunteers services which I may provide for this organization. I further certify that I have read and will appropriately represent Eudaimonia's Mission and Vision Statement.

Signature of Volunteer Applicant _____ Date _____

Application delivery: in-person: 4471 Parmalee Gulch Road Indian Hills, CO 80454 or email: info@eflourish.org.