



# WINGS

1656 Topaz Drive  
Loveland, CO 80537  
(970) 669 - 2777

## VOLUNTEER APPLICATION - LONG-TERM

Date of Application: \_\_\_\_\_

Name (Last, First, MI): _____		Date
of Birth:      — / — / —	Gender (Optional): <input type="checkbox"/> Male <input type="checkbox"/> Female	

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address (clearly print): \_\_\_\_\_

Mandatory Disclosure: Colorado Statues require that the holder of a child care license must ask if an applicant has ever been “charged or convicted of any felony, child abuse or unlawful sexual offense.”

- Never charged or convicted                       Charged, but never convicted
- Charged and convicted (give details): \_\_\_\_\_

AFFIDAVIT: Please read each statement carefully before signing. I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any and all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of employment, it may be conditioned upon my successful passing a complete pre-employment physical examination. I consent to the release of any and all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice. Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in section J 8-8-503, CRS, upon conviction thereof, shall be punished accordingly. I have read, understand, and by my signature, consent to these statements.

Signature (MANDATORY): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Occupational/ Volunteer History:**

1. Name of Employer : \_\_\_\_\_ Dates: \_\_\_\_\_

Phone: \_\_\_\_\_ Nature of work: \_\_\_\_\_

\_\_\_\_\_

2. Name of Employer : \_\_\_\_\_ Dates: \_\_\_\_\_

Phone: \_\_\_\_\_ Nature of work: \_\_\_\_\_

\_\_\_\_\_

**References:**

Each WINGS volunteer will be required to provide two references from non-family members, preferably from a teacher or employer, before being accepted as a volunteer. Please use the forms with this application for your references. Please list references below.

1. \_\_\_\_\_  
Name School/Agency Relationship Phone

2. \_\_\_\_\_  
Name School/Agency Relationship Phone

**Experience with Intellectual and Developmental Disabilities:**

Lifting and Transferring  Feeding  Dressing  Supervision  Nursing Home

Special Olympics  Baby-Sitting  Care for Disabled Family Member

Other \_\_\_\_\_

**Special Skills**

What areas or activities are you interested in helping with?

Cleaning  Bowling  Art Class  Independence Class

Music  Swimming  Lunch  Fundraising

Athletics: \_\_\_\_\_

