

THE DENVER CENTER FOR CRIME VICTIMS
P.O. Box 18975, Denver CO 80218

VOLUNTEER APPLICATION

Date _____

LEGAL NAME: _____ Have you ever been known by another name? _____ PHONE: Home _____ Work _____

PRESENT ADDRESS: _____
(Street address)

(City) (State) (Zip Code)

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

PLEASE LIST SOMEONE TO NOTIFY IN CASE OF EMERGENCY:

(Name) (Relationship) (Home phone) (Work phone)

PRESENT EMPLOYER: _____

DO YOU REQUIRE SPECIAL NEEDS ACCOMODATIONS? Yes _____ No _____
Describe: _____

PLEASE LIST THREE REFERENCES (other than relatives):

1. _____
(Name) (Relationship)

(Daytime phone) (Evening phone)

2. _____
(Name) (Relationship)

(Daytime phone) (Evening phone)

3. _____
(Name) (Relationship)

(Daytime phone) (Evening phone)

EDUCATION LEVEL COMPLETED:

Degree: _____ Major: _____

SCHOOL YOU ARE CURRENTLY ATTENDING: _____

LIST PREVIOUS VOLUNTEER AND COMMUNITY BASED EXPERIENCE:

SKILLS OR TALENTS SPECIFIC TO DCCV:

HAVE YOU BEEN A CRIME VICTIM? Yes ___ No ___ If yes, please explain briefly (including year of incident):

HAVE YOU EVER BEEN ARRESTED FOR ANYTHING OTHER THAN A MINOR TRAFFIC OFFENSE? Yes ___ No ___ If so, please provide an explanation:

HOW DID YOU LEARN ABOUT DCCV?
