



Healing Warriors Program

Volunteer Application

1136 E. Stuart St. Suite 4202 Ft. Collins CO 80525

970-776-8387 | www.healingwarriorsprogram.org | HR@healingwarriorsprogram.org

First Name _____ **Last Name** _____

Street Address _____

City _____ **State** _____

Zip Code _____ **Home Phone** _____

Cell Phone _____ **Date of Birth** _____

eMail _____

Skills and Interest _____

Education _____

Current Occupation _____

Hobbies or Interests _____

Special Skills _____

Previous volunteer experience? Where? _____

Do you speak another language? _____

AVAILABILITY What times are you available to volunteer? Check preferences.

<input type="checkbox"/> 9 am – 11 am	<input type="checkbox"/> 10 am – noon	<input type="checkbox"/> 11 am – 1pm	<input type="checkbox"/> Noon – 2 pm
<input type="checkbox"/> 1 pm – 3 pm	<input type="checkbox"/> 2 pm – 4 pm	<input type="checkbox"/> 3 pm – 5 pm	<input type="checkbox"/> 4 pm – 6 pm
<input type="checkbox"/> Evenings	<input type="checkbox"/> Variable		

What days are you available to volunteer? Check preferences

<input type="checkbox"/> Any day	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday

What types of volunteer work are you interested in?

<input type="checkbox"/> Marketing work	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Assisting with General office
<input type="checkbox"/> Event volunteer	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Gala Volunteer
<input type="checkbox"/> Clinic Volunteer	<input type="checkbox"/> Outreach	<input type="checkbox"/> Technical skills



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Other (please list)	
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****PLEASE ATTACH A COPY OF YOUR CURRENT RESUME**

EMERGENCY CONTACTS

Name _____ Phone _____

Name _____ Phone _____

PERSONAL REFERENCES (PLEASE PROVIDE 2)

1 Name _____ Phone _____

Email _____ Relationship _____

2 Name _____ Phone _____

Email _____ Relationship _____



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Volunteer Release of Liability and Confidentiality Agreement

I, the undersigned, hereby release and agree to hold harmless Healing Warriors Program, its members, affiliates, and employees or loaned executives of any and all liability that could possibly be incurred as a result of my negligence, intentional or unintentional, during the commission of my responsibilities as a volunteer for Healing Warriors Program. I further release and hold harmless Healing Warriors Program its members, affiliates, and employees or loaned executives of all liability with regard to any physical or emotional harm that I may sustain as a result of my participation as a volunteer, or in any other activity sanctioned by Healing Warriors Program.

I recognize that any and all information shared with me as part of my duties as a volunteer is confidential and shall not be divulged to unauthorized individuals, agencies, or organizations.

I will not disclose or use any client information for any purpose other than for the limited purpose of providing the assigned services.

By signing below, I give my permission to have the references which I have listed contacted and a background check run.

Signature/Parent if a
minor

Date

By checking here I authorize an electronic signature for the name above.

Please e-mail this completed form to HR@HealingWarriorsProgram.org or print and mail it to:
1136 E. Stuart St. Suite 4202 Ft. Collins, CO 80525

Thank you,
Healing Warriors Program