



POST Partners Volunteer Program

Individual Volunteer Application (Beaver and Squirrel Level)

Name (first and last) _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) ____-____ Work/Cell: (____) ____-____

Email address: _____ Year of birth: _____

Emergency Contact: _____
Name Phone# Relationship

T-shirt size: SM MED LG XL 2-XL 3-XL

When can we call on you to volunteer for Town of Castle Rock events?

- Throughout the year Winter Only (Nov – Feb) Summer Only (Mar – Oct)
 Other (specify) _____ Morning Afternoon Evening Flexible

Physical or Health Restrictions (specify)? _____

Areas of Expertise _____

Personal skills, interest or hobbies _____

Following is a partial list of activities and events for which you may be called upon to volunteer. Please check all of the items for which you are interested in serving or have previous experience.

Natural Resources:

- Displays Brochures Photography Interpretive Program Design Clean-up Weeding
 Habitat Restoration Colorado Bluebird Project Other: _____

Recreation, Parks and Trails:

- Trail Building/Repair Crew Trail Host Bicycle Events Special Events Office Work Clean-up
 Recreational Hikes Other: _____

Have you even been convicted of or plead guilty to a felony? Yes No

I certify that the answers contained in this application are true and complete to the best of my knowledge. My volunteer service is conditional upon completion of the application and may be subject to a criminal background check. I am offering my services as a volunteer and understand that I will not be entitled to any form of compensation for any service I provide. I realize that a separate volunteer waiver and indemnification form will have to be signed and submitted annually for my application for service to be finalized and active.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Parent or guardian if applicant is under 18)

Please fill out this section if you will be working directly with youth participants:

We will conduct criminal background checks on all volunteers working with youth participants.

Social Security #: _____ Date of birth: _____

Previous states of residence: _____ Driver's license: _____