

COLORADO COALITION FOR GENOCIDE AWARENESS AND ACTION

VOLUNTEER FORM

Date _____

Last Name

First Name

Address

City

State

Zip Code

Home Phone _____ Work Phone _____

Email _____ **VERY IMPORTANT**

In case of emergency, contact:

Name _____

Address _____

Home Ph# _____ Cell Ph# _____

Relationship to you _____

Current employment _____ **Retired** _____

Which, if any, **languages** are you fluent in?

Areas of expertise: Professional and Personal

Special Interests and Hobbies

VOLUNTEER OPPORTUNITIES (Check all that apply)

Education/Outreach

Fundraising

Public Relations

Writing Ability

Clerical/Computer Skills

DAY AND TIMES (A.M. & P.M.) YOU ARE AVAILABLE

Mon _____ Fri _____

Tues _____ Sat _____

Wed _____ Sun _____

Thurs _____

ADDITIONAL INFORMATION

Female Male

Age group: 13-18 19-39 40-69 70plus

If you have a **disability or special needs**, please tell us how we may accommodate you.

Signature

Date

*****Under 18 years of age must have parent or guardian consent.**

Parent/Guardian Signature

Date