



VOLUNTEER APPLICATION

Send completed application to: volunteercfl@gmail.com

Instructions

Please take some time to complete this volunteer application form and return it to Climbing for Life (CFL). We use this information in selecting our volunteers and to get to know them better. All of the information you provide on this application will be considered confidential and will be used by Climbing for Life for the purposes of screening.

In addition to this application form we will need the following to complete your application with CFL:

- 1) Completed medical form
- 2) Completed acknowledgement of risk and release of liability form
- 3) Permission to conduct a background check through the Colorado Bureau of Investigation
- 4) \$10.00 application fee

Please include a copy of any climbing/outdoor certifications and any medical certifications (i.e. CPR/BLS/ACLS, Red Cross First Aid, Wilderness First Aid, Wilderness First Responder, Registered Nurse License, Emergency Medical Technician or Wilderness Emergency Medical Technician).

If you have any questions about this application form, please contact us via email at volunteercfl@gmail.com. Thank you very much for your interest in volunteering for Climbing for Life.

General Information

Name

Date of Birth

Address

City

State

Zip Code

Phone

Email

Who to contact in case of emergency

Name

Relationship

Phone

Questionnaire

Climbing for Life would like to gain a deeper appreciation of who you are, your motivation to participate, your experience, and what you could bring to this organization. There is also information we must know to order to protect the youth that we serve.

1) What is your current occupation/profession?

2) Why do you want to be a volunteer for Climbing for Life?

3) What strengths and/or skills do you bring to Climbing for Life?

4) Please describe your experience with working with at-risk youth.

5) Please describe your climbing experience

6) Please describe your medical knowledge/experience

7) Have you ever been charged or convicted of a crime involving a minor? Have you ever been convicted of any crime? If yes, please explain

References

Please list the name and phone number of two references:

First Reference

_____	_____	_____
Name	Phone Number	Relationship

Second Reference

_____	_____	_____
Name	Phone Number	Relationship

Signature

By signing here, you agree to allow CFL to perform a CBI background check on you. If you do not sign, we cannot let you volunteer with youth in our program, although you may volunteer for other tasks. Thank you!

_____	_____
Signature	Date

SEND COMPLETED APPLICATION TO: volunteercfl@gmail.com