

Volunteer Application Form

Foothills Gateway, Inc.
301 Skyway Drive
Fort Collins, CO 80525



Date: _____

Name: _____ Date of Birth: _____

Social Security Number: ____ - ____ - ____

Home Phone: _____ Cell/ Work Phone: _____

Email: _____

Street Address: _____

City, State, Zip: _____

Prior Volunteer Experience: _____

Special Skills / Hobbies / Interests: _____

Do you have your own transportation? Yes ___ No ___ Occasionally ___

Availability:

Number of Hours Desired Per Week: _____

Days _____ Evenings _____ Weekends _____

CSU Class Schedule if applicable:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

In case of emergency notify:

Name: _____ Relationship: _____

Best Phone: _____

**All the information on this Volunteer Application is correct and true to the best of my knowledge.*

Signature: _____ Date: _____