



# Volunteer Application

Housing Authority of the City of Colorado Springs  
 831 South Nevada Avenue  
 P.O. Box 1575 · MC 1490 · Colorado Springs, Colorado 80901-1575  
 (719) 387-6700 · Fax (719) 632-7807 · TDD 1-800-659-3656

**Volunteer Eligibility:** If you are offered volunteer abilities with the Housing Authority, you may be required to satisfactorily complete a drug test, background check, and applicable screenings. Volunteers must adhere to all organizational policies and procedures, and must ensure all actions are in line with Housing Authority mission and values. Volunteers must provide a current picture ID and must provide all requested information on the application. Omission of required information may result rejection for volunteer opportunities.

## PERSONAL INFORMATION

Last Name:		First Name:		Middle Initial:
Address:		City:	State:	Zip:
Telephone:	Cellular:	Other:		

Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No	State:	List traffic convictions in last three years:
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Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details, including dates, charges, and disposition. Convictions are not an absolute bar from volunteering. Consideration is given to the offense and its relationship to the position for which you are volunteering. _____ _____ _____ _____	Are you currently on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No  Do you currently reside in a transitional housing or in a rehabilitation program? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes to either, please explain: _____ _____ _____
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## VOLUNTEER INFORMATION

SKILLS		EXPERIENCE	
Office: _____ WPM Shorthand: _____ Dictaphone: _____ Transcription: _____  Office equipment you can use: _____ _____	Software Experience: _____ _____ _____ _____ _____	Tools/Machines/Equipment/ Motor Vehicle experience: _____ _____ _____ _____ _____	Describe work experiences that support your abilities to volunteer: _____ _____ _____ _____ _____

I have read, understand, and agree to adhere to the Volunteer Procedures set forth by The Housing Authority of the City of Colorado Springs. I understand that volunteer duties are unpaid activities and that there is no implied contract or guarantee to volunteer with the organization; and I may be asked to terminate my activities at the discretion of the Housing Authority. I understand that willful misuse, abuse, or neglect of Housing Authority property, equipment, or program participants may result in immediate dismissal from volunteer duties. I understand that if I am dismissed from volunteer duties with the organization, I am not able to return to the organization in a volunteer or employment capacity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_