



# Healing Warriors Program

## Volunteer Application

1044 W. Drake Rd, Ste 202 Ft. Collins CO 80526

970-776-8387 | [www.healingwarriorsprogram.org](http://www.healingwarriorsprogram.org) | [HR@healingwarriorsprogram.org](mailto:HR@healingwarriorsprogram.org)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

eMail \_\_\_\_\_

Skills and Interest \_\_\_\_\_

Education \_\_\_\_\_

Current Occupation \_\_\_\_\_

Hobbies or Interests \_\_\_\_\_

Special Skills \_\_\_\_\_

Previous volunteer experience? Where? \_\_\_\_\_

Do you speak another language? \_\_\_\_\_

### **AVAILABILITY** What times are you available to volunteer? Check preferences.

<input type="checkbox"/> 9 am – 11 am	<input type="checkbox"/> 10 am – noon	<input type="checkbox"/> 11 am – 1pm	<input type="checkbox"/> Noon – 2 pm
<input type="checkbox"/> 1 pm – 3 pm	<input type="checkbox"/> 2 pm – 4 pm	<input type="checkbox"/> 3 pm – 5 pm	<input type="checkbox"/> 4 pm – 6 pm
<input type="checkbox"/> Evenings	<input type="checkbox"/> Variable		

### What days are you available to volunteer? Check preferences

<input type="checkbox"/> Any day	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday

### What types of volunteer work are you interested in?

<input type="checkbox"/> Marketing work	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Assisting with General office
<input type="checkbox"/> Event volunteer	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Gala Volunteer
<input type="checkbox"/> Clinic Volunteer	<input type="checkbox"/> Outreach	<input type="checkbox"/> Technical skills



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Other (please list)	
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**\*\*PLEASE ATTACH A COPY OF YOUR CURRENT RESUME**

### EMERGENCY CONTACTS

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### PERSONAL REFERENCES (PLEASE PROVIDE 2)

**1** Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Relationship \_\_\_\_\_

**2** Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Relationship \_\_\_\_\_



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### Volunteer Release of Liability and Confidentiality Agreement

I, the undersigned, hereby release and agree to hold harmless Healing Warriors Program, its members, affiliates, and employees or loaned executives of any and all liability that could possibly be incurred as a result of my negligence, intentional or unintentional, during the commission of my responsibilities as a volunteer for Healing Warriors Program. I further release and hold harmless Healing Warriors Program its members, affiliates, and employees or loaned executives of all liability with regard to any physical or emotional harm that I may sustain as a result of my participation as a volunteer, or in any other activity sanctioned by Healing Warriors Program.

I recognize that any and all information shared with me as part of my duties as a volunteer is confidential and shall not be divulged to unauthorized individuals, agencies, or organizations.

I will not disclose or use any client information for any purpose other than for the limited purpose of providing the assigned services.

**By signing below, I give my permission to have the references which I have listed contacted and a background check run.**

**Signature/Parent if a  
minor**

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**Date**

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By checking here I authorize an electronic signature for the name above.

Please e-mail this completed form to [HR@HealingWarriorsProgram.org](mailto:HR@HealingWarriorsProgram.org) or print and mail it to:

1044 W. Drake Road, Ste 202 Ft. Collins, CO 80526

Thank you,

Healing Warriors Program