

**COTS Volunteer Application**

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Day phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Eve phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Current employer: \_\_\_\_\_ Full or Part-time? \_\_\_\_\_

Current position: \_\_\_\_\_

Educational background: \_\_\_\_\_

Hobbies, Interests: \_\_\_\_\_

Skills, Abilities: \_\_\_\_\_

What previous Volunteer experience, if any? \_\_\_\_\_

Please check off which of the following categories apply to you, if any:

Intern/Work-Study      United Way/RSVP      Community Restitution

What days and times are you available? Please be as specific as possible:

<u>Weekday:</u>	<u>Saturday:</u>	<u>Sunday:</u>
Mornings	Mornings	Mornings
Afternoons	Afternoons	Afternoons
Evenings	Evenings	Evenings

Please check what kinds of services you would like to offer:

- Transportation: for shopping    for rides to & from work    rides for doctor appointments
- Assisting clients: budgeting/money management/bill paying    household organization/cleaning
- Childcare: childcare    planning activities for children
- Workshop facilitation
- Teaching: one-on-one tutoring    computer training    other
- Office assistance: reception    mailings
- General handy work: painting    repairs    cleaning    moving
- Speakers Bureau
- Events organizing: special events    one-time-only events
- Fundraising: Phonathon (December)    COTS Walk (May )
- No Preferences

Please circle the groups are you most skilled or interested in working with?

Adults      Children      Families      Agency staff      No preference

Are there any groups with whom you would *not* feel comfortable working?

No      Yes (please specify): \_\_\_\_\_

Please write a short statement describing your reasons for offering time and services to COTS? \_\_\_\_\_

Please tell us how you heard about COTS?

TV/Radio PSA      United Way      COTS Volunteer      Friend      COTS Website  
Other: \_\_\_\_\_

Please give two professional or, if none, personal references (other than family members and close friends) who can speak to your character and abilities:

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Name & phone of Emergency Contact: \_\_\_\_\_

Have you ever been in prison, on probation or parole, or fined for any violation of any law or ordinance, other than parking violations?

No              Yes (please explain): \_\_\_\_\_

**Thank you for your interest in volunteering at COTS. We appreciate the enduring support of our loyal and skilled core of Volunteers. Please call us if you have questions: 864-7402 or ballin@cotsonline.org**

COTS, PO Box 1616, Burlington, Vermont 05402. [www.cotsonline.org](http://www.cotsonline.org)

For office use only:

Reference #1:

Reference #2:

Referred to:

To serve as:

Date:

Criminal Background check completed? Yes \_\_\_\_\_  
(date)