



CONTINENTAL DIVIDE TRAIL ALLIANCE

PO Box 628 Pine, CO 80470 ▪ (303) 838-3760 ▪ (888) 909-CDTA (2382) ▪ www.cdtrail.org

VOLUNTEER APPLICATION

This information will be kept strictly confidential. Please print clearly. After completion, please return this form to CDTA, Attn: HR, via fax (303)838-3960, email ruth@cdtrail.org, or mail to CDTA, Attn: HR, P. O. Box 628, Pine CO 80470

Today's Date _____

Prefix: _____ Name: First: _____ Last: _____
(Ms./Mrs./Mr.)

Address _____
Street City State Zip

Home (____) _____ Work (____) _____ Fax(____) _____

Pgr/VM/Cell Phone (____) _____ Email address: _____

Occupation _____ Employer _____
(Or school you are attending, etc.)

Does your Employer have matching funds for donations made by employees? Y N

CDTA is committed to serving all the members of our diverse community. We hope you will share your age and race with us to help us keep track of how we are doing. Thanks!

Birth date: ____/____/____ Race/Ethnicity _____
Month Day Year

Emergency Contact: Name: _____ Phone# (____) _____

Please list 3 references, including at least one personal reference (not related to you) and one professional reference (e.g. colleague, teacher, supervisor, etc.) that we can call to verify the information in your application and who would recommend you as a volunteer for CDTA.

Name	Relationship/Years known	Phone #
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

How did you hear about volunteering at the CDTA?

Have you ever volunteered with other organizations? Which? What made this experience successful or not successful in your opinion?

Do you fluently speak any languages other than English? Which?

What draws you to volunteer for the CDTA?

What experience have you had with outdoor recreation?

What experience have you had with working with other volunteers?

What qualities do you have that would make you a successful volunteer with CDTA?

What special skills or trade would you like to contribute to the CDTA?

What do you foresee about volunteering for CDTA that will be a challenge for you?

Have you ever been convicted of a felony? What was it and when? *(If you answer yes, it does not automatically mean you can't volunteer here.)*

Is there anything else we should know?

When are you available to volunteer? *Circle All That Apply:*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM or PM	AM or PM	AM or PM	AM or PM	AM or PM	AM or PM	AM or PM

How many hours are you interested in volunteering each month? _____ Each week? _____

Please rank the following volunteer opportunities in order of your preference:

Office Program Support

- ___ Volunteer Program
- ___ Operations (data entry, preparing mailings, various other tasks)
- ___ Soliciting In-kind/Corporate Support
- ___ Trail location/mapping/GIS
- ___ Website/IT support
- ___ Other