



I. PERSONAL INFORMATION

1. Name: _____
(Last) (First) (M.I.)

2. Gender Identity: _____ 3. Racial Identity: _____

4. Campus Affiliation: Student: CU Anschutz CU Denver MSUD CCD
 Faculty: CU Anschutz CU Denver MSUD CCD
 Staff: CU Anschutz CU Denver MSUD CCD AHEC
 Alumni: CU Anschutz CU Denver MSUD CCD
 Other: _____

5. Telephone Numbers: cell: _____ home: _____ work: _____
Please only list phone numbers which are OK for us to call and leave messages.

6. Email Address: _____ How often do you check email? _____

7. Date of Birth: __/__/____
mm dd yy

II. VOLUNTEER POSITION

1. Are you interested in using this as an internship experience? yes no

2. If yes, please provide the following information: Academic Program: _____

Hours Needed: _____ Supervisor/Professor Name and Email: _____

3. Are you willing to give the required one-year commitment to the program? yes no

4. I understand that being on call means that I am available 24/7 and am able to take shifts during the week, on weekends, and on holidays: yes no

5. How did you hear about these volunteer opportunities? (check all that apply)

Resource Table Class Presentation Campus Poster/Flyer Orientation Email Announcement
 Current/Former Volunteer PCA Website Other _____

III. EDUCATION

Name of School	# of years completed	Did you graduate?	Major/Degree

IV. EMPLOYMENT

Employer	Dates of Employment
Job Title	Phone
Supervisor's Name	Address
Employer	Dates of Employment
Job Title	Phone
Supervisor's Name	Address

V. ADDITIONAL INFORMATION

1. List any special skills you possess that would be an asset to our program:

2. Are you fluent in any languages other than English? Please list which one(s).

3. Computer applications/office skills:

4. Please rate yourself from 1-10 (1 is low and 10 is high) in each area listed below.

Presentation skills: 1 Leadership: 1 Verbal communication abilities: 1
Commitment and follow-through: 1 Comfort level with topics of gender violence: 1

5. Have you ever experienced interpersonal violence? yes no

How do you feel this might help and/or interfere with your role as a volunteer?

VI. BACKGROUND INFORMATION (Information requested to inform any supports that may be needed, not to exclude)

1. Have you ever been arrested or charged with anything other than a minor traffic offense? yes no
If yes, please explain (this may not impact your potential position as a volunteer):

2. Have you ever been convicted of a felony? yes no
If yes, please explain (this may not impact your potential position as a volunteer):

3. Do you use alcohol and/or habit forming drugs excessively or regularly? yes no
If yes, please explain:

4. Have you ever had a protection order against you? yes no
If yes, please explain:

5. Do you consent to a criminal background check? yes no

6. Have you lived in a state other than Colorado since you were 18 years old? yes no
If yes, please list:

State: _____ / from _____ to _____ State: _____ / from _____ to _____

VII. REFERENCES

Please provide three references: *(Please do not include relatives and friends. Please include one employer or educator.)*

	NAME	RELATIONSHIP	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

VIII. SHORT ANSWER RESPONSE

Only members of The Phoenix Center at Auraria will review this application and all information provided will be kept confidential.

1. Why do you want to serve as a volunteer for The Phoenix Center at Auraria?

2. If someone asked you, "Why are women the primary victims of interpersonal violence?," what would you say?

3. Describe how you develop and maintain support systems.

IX. EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP
ADDRESS	EVENING PHONE: DAYTIME PHONE:

X. VOLUNTEER APPLICANT'S STATEMENT

By signing below, I certify that the information on this application is complete and true to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts could be cause for immediate dismissal or disqualification from the application process. I authorize The Phoenix Center at Auraria | Anschutz (PCA) to investigate all statements contained in this application for volunteer services, as well as my character and qualifications. I authorize PCA to contact any of my references for full information. I authorize all listed references to provide PCA with information requested in the inquiry of my character and qualifications. I understand that a criminal record check will be conducted on my background.

APPLICANT'S SIGNATURE

DATE

CLOSING REMINDERS

1. Send completed application:

AURARIA CAMPUS: via email to: info@thepca.org
OR
drop your application off at our office: **Tivoli 227**

2. Applications are accepted on a rolling basis. If your written application is selected, you will be contacted for an in-person interview.

3. All volunteer opportunities are contingent upon successful completion of a background check.

4. For more information, please contact Katherine Miller at Katherine.miller@ucdenver.edu

THANK YOU FOR YOUR INTEREST IN THE PHOENIX CENTER AT AURARIA VOLUNTEER PROGRAM.
Please contact info@thepca.org if you have additional questions.