



801 Yosemite Street, Ability Connection CO Bldg., Denver, CO 80230 · Office: (303) 904-6073 · www.elgrupovida.org

VOLUNTEER APPLICATION

Personal Information

Last Name: _____ First Name: _____

Home Address: _____ City/Zip Code: _____

Work Address: _____ City/Zip Code: _____

Email address: _____

Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

RELATIONSHIP: _____

Please explain any personal connection you may have with disability issues: If you are a parent of a child with a disability, Please give the child's age and disability label.

Information about yourself

Spanish speaking: Yes No (EGV is a Spanish speaking organization)

Professional Skills: _____

Interests: _____

Community Service: _____

Affiliations with civic groups, corporations, or foundations: _____

Educational Background: _____

Personal Experience with any ethnic or cultural groups: _____

Anything else you would like to share: _____

Share with us what interest you about El Grupo Vida: _____

What areas of expertise can you contribute to El Grupo VIDA:

Board member - Currently looking for Self-Advocate (person with disability) or Sibling of a Self-Advocate

Office help – In the fall!

Interns – email for description of open positions

Fundraising Committee

Conference planning Committee

Social event planning

Child Care – must submit for background check

Other areas: _____

What is your availability to volunteer?

Monday Tuesday Wednesday Thursday Friday

9:00AM-12:00PM 12:00PM-4:00PM After Hours/Weekends

Signature of prospective Volunteer: _____

For Office Use Only:

Recommendations/Notes: _____

ED approval: Yes No Date: _____