



CENTER FOR INDEPENDENCE

VOLUNTEER APPLICATION

CFI STAFF COORDINATOR: _____

Date: ____/____/____

First Name: _____ Middle Initial: ____ Last Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Primary Phone: _____ Alternate Phone: _____

E-Mail Address: _____ Available Start Date: _____

Emergency Contact Name: _____ Emergency Phone: _____

Disabled? yes____ no____ If yes, please indicate disability category:
Cognitive____ Physical____ Hearing____ Vision____ Mental / Emotional____ Multiple____

Availability: Weekdays____ Weekends____ Mornings____ Lunch____ Afternoon____ Evenings____

Areas of Expertise and Interest: Arts / Crafts____ Fund Raising____ Administrative____ Events____
Public Relations____ Food Preparation / Serving____ Computer____ Recreation____

Why do you want to volunteer at CFI? _____

What skills can you contribute to CFI? _____

How did you learn about CFI? _____

Signature: _____

Please Return Completed Forms to:

Valorie Castle, Center For Independence, 740 Gunnison Ave. Grand Junction, CO. 81501,

Office Phone: (970)-241-0315, Ext. 18 or Ext 12 or Fax Forms to: (970)-245-3341



Center for
Independence

CENTER FOR INDEPENDENCE

Volunteer and Intern Confidentiality Agreement

I, _____ (please print name)

understand the policies, procedures and guidelines for the Center For Independence regarding confidentiality as presented to me by the staff of CFI. To the degree I may be given access to the identity and details of persons with disabilities and their families, I will safeguard such information in strict confidence. I also recognize that the Executive Director or their designee will provide continuing direction and counsel as to the proper use of all confidential information.

Volunteer or Intern's Signature

Date

Executive Director's Signature

Date



Center for
Independence

CENTER FOR INDEPENDENCE

MEDIA RELEASE CONSENT FORM

By my signature below, I grant permission to the Center For Independence to use the following specifically marked items for media release purposes. I understand this information may be used for publications such as newspapers, professional newsletters, exhibits and broadcast media or in the support of legislative concerns. I also understand that this release is in effect for an indefinite period of time unless expressly revoked by me in writing.

_____ My Name

_____ My Picture

_____ My personal success story as attached to this consent form.

_____ Information from my interview concerning the following:

My Signature

Today's Date

of Parent / Guardian.

Signature
Today's Date

Signature of Witness

Today's Date

