



NO PLACE FOR HATE®
VOLUNTEER APPLICATION

PERSONAL INFORMATION

Please print. Date:
Mr. Mrs. Ms. Dr. Other
Name: (last, first, middle)
Address:
City: State: Zip Code:
Home Phone: Work Phone:
E-mail Address: Cell Phone:
Emergency Contact:
Relationship: Phone:

EDUCATION

High School: Date of Graduation:
Undergraduate School: Degree: Major:
Graduate School: Degree: Major:
Additional Schooling/Professional Training:

EMPLOYMENT

Are you presently employed? Yes No Student Retired
Part-Time Full-Time Flexible
Current or Most Recent Employer:
Dates Employed:
Job Description/Responsibilities:
Work Address: City, State, Zip:
Other Relevant Work Experience:
Does your employer have a program to support your volunteer time? Yes No

AVAILABILITY

| | | | | | | |
|-----------|--------|--------|---------|-----------|----------|--------|
| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning | | | | | | |
| Afternoon | | | | | | |

VOLUNTEER PREFERENCES

Willingness to travel: Metro area _____ Boulder area _____ Colorado Springs area _____

SKILLS/ KNOWLEDGE

(Please check all that apply)

| | <i>Highly Knowledgeable</i> | <i>Some Knowledge</i> | <i>Explanation</i> |
|-------------------------------|-----------------------------|-----------------------|--------------------|
| Administrative | | | |
| Communication/Telephone | | | |
| ADL Education Programs | | | |
| Event facilitation | | | |
| Languages (please specify) | | | |
| Photography | | | |
| Public Relations | | | |
| Writing | | | |
| Other (please specify) | | | |

HOW DID YOU HEAR ABOUT US?

Have you done any volunteer work in the past? Yes _____ No _____

| Name of Organization | Dates | Type of Work Performed |
|----------------------|-------|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

BACKGROUND AND REFERENCE

Have you ever been convicted of a felony? Yes No

Please provide three references that are familiar with your qualifications.

Non-related references please.

| Name | Address | Phone Number/Email |
|-------|---------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Groups/ organizational affiliation(s) surrounding education & diversity

I am interested in other ADL volunteer opportunities.

Please add me to ADL's mailing list.

Please return to:

Anti-Defamation League, Mountain States Region
1120 Lincoln Street, #1301
Denver, CO 80203

Phone: (303) 830-7177 x212
Fax: (303) 830-1554