

**Colfax Community Network
Volunteer Application**

Name _____ Birth date _____ SSN _____ - _____ - _____

Current Address: _____ Telephone Numbers _____

_____ Home: _____

_____ Work: _____

e-mail _____

Highest level of education: (please include date attended, school name, and location)

Current Employer: _____

Supervisor: _____

Duties involved: _____

How long have you worked there? _____

If less than three years, please name previous employer and supervisor's name.

How did you hear about Colfax Community Network?

Why would you like to volunteer with Colfax Community Network?

Which days would you be able to volunteer? (The after school program runs Monday through Friday from 3-6 pm.& Summer Camp (each session – 2 weeks 10am –4pm)

M T W Th F Sa Sun How often?

Please describe any previous experiences that would help your interactions with the children and families of Colfax Community Network.
