

Volunteer Application

Trips for Kids-Denver

Please print out the application and legibly complete all requested information.

Name (Last, First):					
Current Address:					
City:					
State:					
Zip:					
Home Phone:			Mobile Phone:		
Email Address:					
Date of Birth:					
(must be 14 or older)					
Volunteer Interest Areas: (check all that apply)	Ride Volunteer _____ Certified Ride Leader _____ Event Volunteer _____				
Mountain Biking Skill Level (circle one):	Do not Ride	Beginner	Intermediate	Advanced	Expert
CPR Certified? Y N	First Aid Certified? Y N		Own a truck or can transport bikes? Y N		
Three References:	Name:	Relationship:	Phone:		
<i>Date Contacted:</i> <input type="text"/>	1.				
<input type="text"/>	2.				
<input type="text"/>	3.				

Once form is completed send to: Volunteer Coordinator, Trips for Kids-Denver, 5712 A West Asbury #202, Lakewood, CO 80227.

Office Use Only:

Clearances Received _____ References Checked _____ Liability Waiver Received _____

Entered in Database _____ Added to email list _____ CPR/First Aid Proof _____ Volunteer Contacted _____

Comments:

For additional information: please call 303-919-4259 or email twowheelfunman@yahoo.com