



P.O Box 224  
Louisville, CO 80027

## Volunteer Application

### Instructions

Please take some time to complete this volunteer application form and return it to Climbing for Life. We use this information in selecting our volunteers and to get to know them better. All of the information you provide on this application will be considered confidential and will be used by Climbing For Life for the purposes of screening.

In addition to this application form we will need the following to complete your application with CFL: 1) a completed medical form; 2) a completed acknowledgement of risk and release of liability form; 3) permission to conduct a background check through the Colorado Bureau of Investigation; and 4) a non-refundable \$20.00 application fee.

Please include a copy of any CPR or medical certification (i.e. Red Cross First Aid, Wilderness First Aid, Wilderness First Responder, Emergency Medical Technician or Wilderness Emergency Medical Technician).

If you have any questions about this application form, please call Gary at 303-881-8129. Thank you very much for your interest in volunteering for Climbing For Life.

### General Information

Name \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Social Security Number \_\_\_\_\_ (needed for background check)

#### Who to contact in case of emergency

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Relationship \_\_\_\_\_



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