



Sense of Security  
Volunteer Application  
P.O. Box 6098 \* Broomfield, CO 80021 \* (303) 669-3113 \* (303) 635-3113 fax  
info@senseofsecurity.org

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (City) (Zip)

Date of Birth: \_\_\_\_\_

Home Phone (incl. Area code): \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone (incl. Area code): \_\_\_\_\_ Email: \_\_\_\_\_

Other Phone (incl. Area code): \_\_\_\_\_

I prefer to receive calls at: Home Work Either

Occupation/Profession: \_\_\_\_\_

Licenses/Certifications: \_\_\_\_\_

Do you speak a Foreign language? \_\_\_\_\_

Education/Specialized Training: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How did you hear about Sense of Security?

Why do you wish to volunteer with Sense of Security?

Have you had previous volunteer experience? Yes No  
If yes, please describe.

Tell us specifically what you would be interested in doing for Sense of Security?

How much time per week would you be able to commit?

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I fully understand and agree to provide my services to Sense of Security as a volunteer in a volunteer capacity.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date