



Renew, Inc.
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Cortez, CO 81321
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Fax: 970-5640988
WINGS Safehouse 970-565-9116
Second Chance Thriftstore: 970-882-3233
Website: www.renew-inc.org

Volunteer Candidate Application

Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Email Address _____

Current Occupation _____

Areas of Expertise (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Business/Corporate | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Education | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Public Relations/Marketing |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Non-Profit management |
| <input type="checkbox"/> Government | <input type="checkbox"/> Philanthropic community |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Volunteer Management |
| <input type="checkbox"/> Insert organizational industry | |

Other areas of expertise/skills: _____

How did you learn of Renew? _____

Current Relationship to Renew? _____

History of Community / Volunteer Services

Membership in Civic/Professional Associations _____

Prior Board Experiences _____

Special Interests/Hobbies _____

What areas of Renew are of interest to you? _____

How will being an Renew Volunteer be good for you personally? _____

From our experience, Volunteers spend a minimum of 24 - 36 per month on Renew work. Depending on your level of involvement and commitment, this time might increase. Do you see this as a problem? _____

Date of availability for Volunteer Service _____

Please supply two references: At least one should be from someone with whom you have worked in an employment capacity or as part of a group. (Note references will not be contacted until after meeting with Volunteer Coordinator)

1. Name: _____

Address: _____

Telephone #(s): _____

2. Name: _____

Address: _____

Telephone #(s): _____

I am willing to commit my time, energy and passion to Renew.

_____ **Signature**

_____ **Date**