



**ECCO Community Resource Center**  
336 Comanche Street  
Kiowa, Colorado 80117  
(303) 621-2599

**ECCO Community Resource Center  
Volunteer Application**

**Date:** \_\_\_\_\_  
**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_  
**City, State & Zip:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**What days would you be available to volunteer?** \_\_\_\_\_  
**Approximately How many hours per week would you be available?** \_\_\_\_\_

**Personal Reference:** \_\_\_\_\_  
**Business Reference:** \_\_\_\_\_

**Please list technical experience or training (for example: foreign language, computer programming, internet savvy, sewing, furniture repair, accounting, secretarial, sales, etc.)** \_\_\_\_\_  
\_\_\_\_\_

**What are your areas of interest based on the Volunteer Needs of the ECCO Resource Center** \_\_\_\_\_  
\_\_\_\_\_

**Would you be willing to undergo a background check ?** \_\_\_\_\_  
**Can we contact your employer for a reference?** \_\_\_\_\_

**Applicant Signature**

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**For office use only**

**Date Contacted:** \_\_\_\_\_ **By:** \_\_\_\_\_