



Dear *Volunteer Applicant*:

Tennyson Center for Children at Colorado Christian Home (TCC) is committed to ensuring the safety of the children and families with whom we work. As a part of the screening procedure for all job applicants and volunteers, several background checks are required by law.

First, included in the volunteer application packet is a Central Registry Inquiry Form. If you are a candidate for a volunteer position at the agency, this form will be sent to the Colorado Department of Human Services. Your name will be checked against a central registry of persons who are not permitted to work or volunteer with children because of past behavior.

Additionally, the agency is required to conduct a criminal record background check through the Colorado Bureau of Investigations. This process will require you to provide a complete set of fingerprints. It costs the agency approximately \$40.00 to run the required background checks for each volunteer. If your circumstances permit, the agency would ask that you consider making a tax deductible donation to the agency to cover all or a portion of this expense. Finally, the Tennyson Center also may obtain a Division of Motor Vehicles report, check professional and/or character references.

Volunteers are essential to the work of our agency, and we are most grateful that you have considered spending time with our children. Please take a few moments to complete and sign the attached form as part of your application.

Thank you,

Cindy McKinney  
Volunteer Coordinator

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I have read and understand the above information.

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Applicant's Signature

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Date



## **VOLUNTEER PLACEMENT INFORMATION**

Thank you for your interest in volunteering at Tennyson Center for Children at Colorado Christian Home. The information on this form will help us find the most satisfying and appropriate volunteer service for you. After completing the application, please return it to:

*Cindy McKinney, Volunteer Coordinator*  
(720) 855-3421  
*Cindy.McKinney@tennysoncenter.org*

*Tennyson Center for Children at  
Colorado Christian Home*  
2950 Tennyson St. – Denver, CO 80212  
phone: (303) 433-254 - fax: (303) 433-9701

### **PERSONAL INFORMATION:**

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Last Name	First Name	M.I.
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Address	City/State	Zip
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Home Phone	Work Phone	Cell Phone
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E-mail Address:	(Home)	(Work)
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### **BACKGROUND:**

Have you ever been employed by Tennyson Center?  No  Yes, dates: \_\_\_\_\_

Are you related to anyone who has ever been, or is currently, employed by or received services from Tennyson Center?  No  Yes

If so, who? \_\_\_\_\_

Have you been convicted of a felony in the past seven years?  No  Yes  
(Such a conviction may be relevant, if job-related, but does not necessarily exclude you from volunteering.)

Are you seeking volunteer work as part of a community service requirement related to a violation of the law?  No  Yes

If Yes, what was the violation? \_\_\_\_\_

Driver's license information: State \_\_\_\_\_ Number \_\_\_\_\_



**HIGHEST LEVEL OF EDUCATION COMPLETED:**

\_\_\_\_\_ High School \_\_\_\_\_ College  
\_\_\_\_\_ Vocational/Technical Training \_\_\_\_\_ Other: \_\_\_\_\_

Have you lived in Colorado for 2 years or less?  No  Yes

**EMPLOYMENT:**

Current Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Principal responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL SKILLS, TRAINING OR HOBBIES YOU COULD SHARE AS A VOLUNTEER:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRESENT OR PREVIOUS VOLUNTEER EXPERIENCE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLACEMENT PREFERENCES: (Check all that apply)**

Direct Interaction with Children/Families:

- Individual Child Volunteer
- Cottage Volunteer
- Tutor
- Classroom Assistant
- Library
- Other

Indirect Activities or Services:

- Office Support
- Special Events
- Clothing/Sewing
- Maintenance
- Other

I would prefer volunteering with:

- Boys  Girls  No preference

I am most comfortable with:

- Younger children  Older children  No Preference



**AVAILABILITY:**

How often are you interested in volunteering?

Weekly  Biweekly  Monthly  Annual Events  Other: \_\_\_\_\_

What is the best time for you to volunteer?

Weekends  Mornings  Afternoons  
 Weekdays  Flexible  Specific time: \_\_\_\_\_

Can you attend a two-hour volunteer training session?  Yes  No

Do you have reliable transportation?  Yes  No

**REFERENCES:**

Please list three business or personal references: (not related to you)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ or \_\_\_\_\_

I understand and agree that any misrepresentations by me on my part of this application may be sufficient cause for cancellation of or separation from any volunteer duties assigned. I further understand that the Tennyson Center retains the right to terminate my volunteer status with or without cause by providing written notice of such action.

I give Tennyson Center the right to conduct appropriate background investigations and to secure additional related information, and hereby release the Tennyson Center and its representatives from any liability for seeking such information and I further release all other persons, corporations, or organizations for furnishing such information to the Tennyson Center in connection with my volunteer status.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_