



Colorado Springs Convention & Visitors Bureau
515 South Cascade Avenue
Colorado Springs, CO 80903

VOLUNTEER APPLICATION

Date: Phone:

Name:

Address:

City: State: Zip:

Birthday: Do you have your own transportation?: Yes No

Emergency Contact name: Phone:

Do you speak any foreign languages/level of fluency?:

Volunteer work experience: 1 2

Work experience: 1 2

Please give days and times you are available for volunteering on a weekly basis:

Days of the week (Circle all that apply) Mon. Tue. Wed. Thurs. Fri.
Time of Day (Circle all that apply) Morning Mid-Day Afternoon

Current Organization Membership(s):

Hobbies and special interests:

Please list two references we may contact

1 Phone:

2 Phone:

Administrative use only:

Start Date:

Vehicle Info: (year/make/model)

Color:

Plate #: