



Light for Life Foundation International

YELLOW RIBBON Suicide Prevention Program®

In Loving Memory of Michael Emme

PO Box 644, Westminster CO 80036-0644 • 303.429.3530

www.yellowribbon.org ask4help@yellowribbon.org



Volunteer Application

LFLI/YRSPP Use Only

ID #: _____

Date sent/initial _____

Date rec'd/initial: _____

Full Name: _____ Birth Date: _____

Address: _____ City _____ Zip _____

Mailing Address: _____ City _____ Zip _____

Phone: Hm _____ Wk _____ Cell _____

Email Address: _____

How did you hear about LFLI/YRSPP?: _____

In Case of emergency, whom should we contact?

Name: _____ Relationship _____

Phone: Home _____ Wk _____ Cell _____

May we contact you at work? [] Yes [] No

Volunteer position(s) you would like to be included in:

- [] General Office [] Marketing [] Speakers Bureau [] Special Events: ___ Conference
- [] Fundraising [] Grant Writer [] Newsletter production ___ Trainings

Optimal times you would be available: Weekdays ___ Weekends ___ Time of day _____

NOTE: 1-Yellow Ribbon Office open Mon-Thur 9a-5a, Fri 9a-1p
2-Dress Code: Business Casual unless otherwise noted (special events, etc.)

Employment History: Do you have employment experience? [] Yes [] No

If yes, please list beginning with present or most recent employment.

Employer	Address	Dates	Position/Supervisor	Phone

Driver's license or Government ID w Picture # _____

State _____

Please list any foreign languages you speak _____

Volunteer Experience: Do you have volunteer experience? [] Yes [] No *If yes, please complete next box*

Organization/Address	Position/Responsibility	Phone	Start date/end date
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May we contact your current and/or previous volunteer organization? [] Yes [] No

Personal References: *Please provide three non-family references.*

Name	Address	Phone	Relationship
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1) _____

2) _____

3) _____

Please include additional information about yourself, if you would like. Use an additional sheet.

APPLICANT

STATEMENT OF CONFIDENTIALITY *(Your Signature indicates your agreement to abide by the confidentiality statement)*

All Volunteers for Yellow Ribbon pledge to keep confidential all personal information shared. In circumstances involving the safety of children or adults, notify the Yellow Ribbon Staff immediately.

I have completed and reviewed this form, and attest that the information provided herein is true & correct, and that I have read the Statement of Confidentiality and Pledge to uphold this statement.

APPLICANT SIGNATURE: _____ **Date:** _____

If Applicant is under 18 years of age, *please complete the following:*

Parent/Guardian Signature: _____ Date: _____

Phone numbers you may be reached at: Home: _____ Work: _____

LFLI/YRSPP Office use only:

Interviewed by: _____ Date: _____

Criminal background check run date: _____ Background check information received date: _____

Approved by: _____ Approved date: _____

Notes/Comments: _____