

Colfax Downtown Association Volunteer Application Form

Name: _____

Home Address: _____

Mailing Address if different: _____

Home Phone () _____ Cell Phone () _____

Is texting a form of communication that would work well for you? _____

Do you check your email frequently? _____ Email: _____

What is the best way to contact you (cell, email, etc)? _____

How many hours on average do you feel you could dedicate to the CDA monthly? _____

Would you be interested in serving on a committee? (Design, Promotions, Organization or Economic Vitality)

Do you have any experience volunteering for a non-profit? _____

Current Involvement with other non-profit organizations:

Organization Name

Nature of Involvement

(member, volunteer, board, hrs serves per month, etc.)

Volunteer Profile: Our Organization seeks interested individuals who are deeply committed to upholding the Organizations mission and values. The CDA is looking for driven, independent, individuals who aren't afraid to bring great ideas to the table. Lasty, the CDA seeks volunteers who are enthusiastic about being a part of the Colfax Downtown Association and making a difference within Colfax.

Please describe any experience, skills and characteristics that you think would bring great value to our team:

Do you have any other experience, skills or characteristics that would inform or enrich the work of the Colfax Downtown Association? We are particularly interested in life experiences, and points of view that will help us in a way that respects the dignity of the Community we serve.

Have you had any prior involvement with our Organization, if so please explain? _____

What interests you about serving as a volunteer for the CDA? _____

What are you passionate about or what brings you joy?

Please list what you believe to be your 3 strongest skill sets. This will help us understand where you would be happiest serving as a volunteer for the CDA.

Is there anything else you'd like us to know about you?

By signing this application, I certify that the above information is true & accurate to the best of my knowledge.

Signature: _____ **Date:** _____

Print Name: _____

Return this application via email to colfaxdowntown@gmail.com or call our office @ (509) 288-9063 to schedule an appointment for you to drop off personally. Once we receive your application we will review it and promptly get back to you. Thank you for your interest in becoming a volunteer for the Colfax Downtown Association.

