



The Town of Green Mountain Falls

P.O. Box 524, 10615 Green Mountain Falls Road
Green Mountain Falls, CO 80819
(719) 684-9414 www.gmfco.us

Project Volunteer Application

Volunteer Name: _____

Street Address/PO Box: _____

City, State: _____ Zip Code: _____

Phone: _____ Email: _____

Birth Date: _____

Emergency Contact Information:

Contact Name: _____

Relation to Volunteer: _____

Contact's Phone Number: _____

By signing below, you acknowledge that the Town of Green Mountain Falls IS NOT liable for any harm and/or injury sustained while volunteering at any Town facilities or activities.

By signing below, you agree that all information you have provided in this application is true to the best of your knowledge.

Volunteer Signature: _____ Date: _____

Are you 18 years or older? YES ___ NO ___

If NO, Guardian Signature: _____