



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

Committee Volunteer Application

Volunteer Position applying for: _____

Name: _____

Street Address: _____

City, State: _____ Zip Code: _____

Phone Number: _____ Email address: _____

How many years have you been a resident of Green Mountain Falls: _____

Current Employer/Occupation: _____

Work Experiences that may apply: _____

Other Volunteer Experiences that may apply: _____

Any Special Qualifications that may apply to this volunteer position: _____

Other Current Volunteer Positions you hold: _____

Reasons for choosing this Volunteer Opportunity: _____

Are you willing to serve as an alternate? Yes ___ No ___

Each committee can have up to three alternates, who may participate in discussion and, in the event of a member's absence, may vote on issues before the committee.

*Please attach any other relevant information/documentation that would enhance your application.

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.

You also 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: _____