



# SNOW CHASERS



## Volunteer Application

*(Please complete this 2-page application and return it to the Longmont Senior Center.)*

### Volunteer Information *(please list all volunteers)*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone # \_\_\_\_\_

Is this: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Do you understand and accept that we will give the client your name? Yes \_\_\_\_\_ No \_\_\_\_\_

May we give the client your phone # ? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact Name and Phone #: \_\_\_\_\_

Are you over the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_

*(If under 18, we need authorization from a parent / guardian to participate in this program.)*

### How would you like to participate in this program?

1) When would you like to volunteer?

\_\_\_\_\_ Entire season (October – April)

\_\_\_\_\_ Specific month(s): Oct\_\_\_ Nov\_\_\_ Dec\_\_\_ Jan\_\_\_ Feb\_\_\_ Mar\_\_\_ Apr\_\_\_

2) What is your preferred method of volunteering? *(choose one or both)*

\_\_\_\_\_ On Call. (Senior Services calls you with an address, and you accept or not)

\_\_\_\_\_ Match with (one) house for the season.

3) What time would you generally like to volunteer? *(This is so that we may tell the client when they might see you. You may choose more than one.)*

\_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_ Other





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## Volunteer Application continued

How would you like to participate in this program? *(continued)*

4) Where would you like to volunteer? *(Things to think about may include: within walking distance, on your way to/from work, near work/ school. Please indicate any boundaries.)*

\_\_\_\_\_ Anywhere in the Longmont

\_\_\_\_\_ Near home/work/school

\_\_\_\_\_ Specific boundaries \_\_\_\_\_

\_\_\_\_\_

5) How would you like to help?

\_\_\_\_\_ Volunteer

\_\_\_\_\_ Paid *(Please indicate how much, even if it is an estimate. We will then have you and the client work together regarding a final price.)* \_\_\_\_\_

Authorization and Acceptance:

*I have read and understand the Volunteer Information Sheet and would like to be a Snow Chaser.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Relationship to minor

\_\_\_\_\_  
Date

**For more information or to submit your application, please contact:**

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**Program sponsored by:  
Longmont Senior Services**

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