



# GCART APPLICATION FORM

\*This is a non-paid volunteer position, and we appreciate your interest in volunteering your time. In order to maintain a sustainable quality organization, we ask that you commit to attending at least 60% of all meetings and trainings.

\*The Gilpin County Sheriff's Office will conduct a background check through Colorado Bureau of Investigation for all applicants, including current members. By signing this application, you are consenting to this background check, and to providing a copy of your valid driver's license along with this application.

## Personal Information:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Home Cell Work

Additional Phone Number: \_\_\_\_\_ Home Cell Work

Email Address: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Home Cell Work

Additional Phone Number: \_\_\_\_\_ Home Cell Work

## AVAILABILITY:

Days/Times Available:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

Any Restrictions or Limitations? \_\_\_\_\_

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**EXPERIENCE AND SKILLS:**

Do you have any previous experience working with animals?      Yes      No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any training or certifications related to animal care, disaster response, or first aid?    Yes    No  
If yes, what are they? \_\_\_\_\_  
\_\_\_\_\_

List any relevant skills or qualifications that you believe would be beneficial to GCART.  
\_\_\_\_\_  
\_\_\_\_\_

**MOTIVATION:** Why are you interested in joining GCART?  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to contribute to the team? \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

Please provide the names and contact information of two references who can speak to your character, work ethic, and suitability for GCART.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Home Cell Work

Additional Phone: \_\_\_\_\_ Home Cell Work

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Home Cell Work

**ADDITIONAL INFORMATION**

Is there anything else you would like us to know about you or your background that would be relevant to your application?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBMIT THE COMPLETED APPLICATION BY EMAIL, MAIL, OR IN PERSON TO:**

Cherokee Blake, Administration Manager,  
Gilpin County Sheriff's Office  
2960 Dory Hill Road - Unit 300  
Black Hawk, CO 80422  
cblake@gilpincounty.org