

VOLUNTEER APPLICATION

DATE: _____

Personal Information

First Name _____ Last Name _____ OVER AGE 18? YES NO M F

Permanent Address _____ City _____ Zip _____

Contact Phone (____) _____ Email Address: _____

Have you ever been convicted of a felony? YES NO If yes, please give details: _____

Areas of Interest *(Circle all that apply)*

Special Events Fundraising Arts & Crafts Music Cooking Reading/Games Photography
Exercise/Movement Language Sports Hiking/Outdoor activities Other _____

Availability _____

Special Event Only YES NO

Day:	<u>M</u>	<u>T</u>	<u>W</u>	<u>Th</u>	<u>F</u>	<u>Sat</u>	<u>Sun</u>
Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Can you commit to 6 months of volunteer service? YES NO

How did you hear about UCP WORK, Inc. Volunteer Opportunities?

Do you have any experience working with people with disabilities?

Reasons for Volunteering at UCP WORK, Inc.: _____

List activities in which you would prefer not to participate?

In Case of Emergency:

Physician: _____ PHONE: _____

Family Member: _____ PHONE: _____

Personal References (no relatives please):

NAME: _____ Relationship: _____
Phone: _____

NAME: _____ Relationship: _____
Phone: _____

I certify that the answers are true. I understand that nothing contained in this application is intended to create a volunteer contract with me and UCP WORK, Inc. I agree to uphold and abide by the policies and procedures of UCP/WORK, Inc.

SIGNATURE

DATE

*Please note that Volunteer positions require a drug screen and background check