

## **Volunteer Application**

Contact Information					
Name					
Street Address					
City ST ZIP Code					
Preferred Phone Number					
E-Mail Address					
Male□ Female□					
Availability					
During which hours are you ava	ailab	le to volunteer?			
Weekday mornings Weekends (this is for 5k and/or Group Home volunteers only) Weekday afternoons					
Children's Services		Adult Services	Other		
Creating and/or Supplyin Arts & Crafts Kits	ıg	Client Events & Activities	Special Events (5k/Gala)		
Clerical Assistance (Spring/Summer only)		Special Interest Groups (Cooking, Gardening, etc.)	Fundraising/Marketing		
Client/Family Events		Community &			
& Activities (Seasonal)		Recreational Outings			
Therapists' Aides (Sanitize and Maintain Therapy Area and Equipme	nt)				
Special Skills or Qualifications					
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.					

Person to Notify in Case of Emergency  Name Street Address City ST ZIP Code Home Phone Work Phone E-Mail Address					
Person to Notify in Case of Emergency  Name Street Address City ST ZIP Code Home Phone Work Phone	<b>Previous Volunteer Exp</b>	perience			
Name Street Address City ST ZIP Code Home Phone Work Phone	Summarize your previous volunteer experience.				
Name Street Address City ST ZIP Code Home Phone Work Phone					
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Street Address City ST ZIP Code Home Phone Work Phone	Person to Notify in Case of Emergency				
Street Address City ST ZIP Code Home Phone Work Phone	Namo				
City ST ZIP Code Home Phone Work Phone					
Home Phone Work Phone	Street Address				
Work Phone	City ST ZIP Code				
	Home Phone				
E-Mail Address	Work Phone				
	E-Mail Address				

## **Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

## **Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering for UCP of Greater Cleveland.