

# Volunteer Application

## Contact Information

Name	
Street Address	
City ST ZIP Code	
Preferred Phone Number	
E-Mail Address	
Male <input type="checkbox"/> Female <input type="checkbox"/>	

## Availability

During which hours are you available to volunteer?

- Weekday mornings       Weekends (this is for 5k and/or Group Home volunteers only)  
 Weekday afternoons

LeafBridge Children's Services	OakLeaf Adult Services	Other
<input type="checkbox"/> Creating and/or Supplying Arts & Crafts Kits  <input type="checkbox"/> Therapists' Aides (Sanitize and Maintain Therapy Area and Equipment)	<input type="checkbox"/> Client Events & Activities  <input type="checkbox"/> Special Interest Groups (Cooking, Gardening, etc.)  <input type="checkbox"/> Community Recreational & Volunteer Outings	<input type="checkbox"/> Special Events (5k/Gala)

## 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.

### Previous Volunteer Experience

Summarize your previous volunteer experience.

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### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
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.