

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 available to volunteer?

Weekday afternoons

Weekends (this is for Special Events only)

Weekday afternoons

LeafBridge Children's Services	OakLeaf Adult Services	Other
Creating and/or Supplying Arts & Crafts Kits Therapists' Aides (Sanitize and Maintain Therapy Area and Equipment)	Client Events & Activities Special Interest Groups (Cooking, Gardening, etc.) Community Recreational & Volunteer Outings	Special Events (Ultimate Christmas in July Challenge and/or 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.