



UDS Volunteer Application

Contact Information

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Preferred method of contact: Home Phone Work Phone Cell Phone Email

Availability

During which hours are you available for volunteer assignments?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have your own transportation? Yes No

Interests

Tell us in which areas you are interested in volunteering

- Caregiver Support
- Community Relations
- Office
- Gift Wrap Booth
- Development
- Green Thumb
- Youth Recreation and Arts
- Service Dogs

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:

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Previous Volunteer Experience

Summarize your previous volunteer experience:

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Briefly explain why you would like to become a UDS volunteer:

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Have you had any direct experience volunteering with people with disabilities in the past?:

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References (please list 2)

Name	
Phone	
E-mail Address	
Relationship	

Name	
Phone	
E-mail Address	
Relationship	

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	
Relationship	

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 with us.