



**UNITED
COMMUNITY
MINISTRIES**
At the Heart of Community

ucmagency.org

☎ 703.768.7106 ☎ 703.768.4788
7511 Fordson Road, Alexandria, VA 22306

f facebook.com/UCM.Alexandria @UCMAlex

United Way #8199 CFC #37839

ADULT VOLUNTEER APPLICATION

Mr. Ms. Mrs.

Last Name _____

First Name _____

Address _____

Emergency Contact:

Name: _____

Application Date _____

Phone (Home) _____

Phone (Work) _____

Email _____

Phone _____

AREAS OF INTEREST: (Check all that apply)

- Child Care- Food Closet-
 Thrift Shop- Food Drive -
 Mentoring- Tutoring -
 Fundraisers- Special Projects-
 Receptionist- Counseling Services-
 Office-
 Teaching Computer Class
 Other-OE (Describe) _____

EXPERIENCE:

Education: _____

Occupation: _____

Skills or Interests _____

Clubs/Affiliations (Church/Civic/Service):

Volunteer Experience: _____

AVAILABILITY:

What day(s) and time(s) are you available to volunteer?

Monday Time(s) _____

Tuesday Time(s) _____

Wednesday Time(s) _____

Thursday Time(s) _____

Friday Time(s) _____

Saturday Time(s) _____

Sunday Time(s) _____

Can you commit to a regular schedule? _____

ADDITIONAL INFORMATION:

Are you required to complete court-appointed Community Service hours? yes no How Many? _____

Are you responding to a particular request for volunteers? If so, which one? _____

REFERENCES:

Name: _____ Phone: _____

Name: _____ Phone: _____

<p>Other Information (optional)</p> <p>Date of Birth (month/day only): ____ / ____ / ____</p> <p>Age Range: <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-30 <input type="checkbox"/> 31-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+</p> <p>Languages Spoken: _____</p>

<p>Office Use Only</p> <p>Tuberculosis Test: _____</p> <p>Criminal Record: _____</p> <p>Driver's License #: _____</p> <p>Social Security #: _____</p>	<p>Received By & Date: _____</p> <p>Interviewed By & Date: _____</p>	<p>Assignment: _____</p> <p>Fwd To: _____</p> <p>Start Date: _____</p>
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COMMENTS: _____



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Adult Contact Information Sheet for Volunteer Orientations

Please Note: You must register and receive confirmation in order to attend any Volunteer Orientation, no walk-ins are accepted!

Welcome to United Community Ministries (UCM). We are grateful that you are interested in performing community service at UCM. The first step in your journey to help us serve our community better is to please complete and leave this form at the Front Desk. Additionally, the enclosed Adult Volunteer Application Form must be completed and brought with you to the Volunteer Orientation.

First Name: _____ **Age:** _____

Last Name: _____

Telephone (Home) (_____) _____
(Cell) (_____) _____ **(Work)** (_____) _____

Email: _____

Type of Community Service: ___ Court ___ School ___ Other

Please indicate with a \checkmark mark, which of the following required Volunteer Orientations you are planning to attend. Volunteer Services will send you a confirmation very soon.

- ___ Tuesday, April 15, 2014 at 1:00 p.m.
- ___ Friday, April 25, 2014 at 5:00 p.m.
- ___ Tuesday, April 29, 2014 at 1:00 p.m.
- ___ Tuesday, May 6, 2014 at 1:00 p.m.
- ___ Friday, May 9, 2014 at 5:00 p.m.
- ___ Tuesday, May 20, 2014 at 1:00 p.m.
- ___ Friday, May 23, 2014 at 5:00 p.m.
- ___ Tuesday, June 3, 2014 at 1:00 p.m.
- ___ Friday, June 6, 2014 at 5:00 p.m.
- ___ Tuesday, June 17, 2014 at 1:00 p.m.
- ___ Friday, June 20, 2014 at 5:00 p.m.