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7511 Fordson Road, Alexandria, VA 22306

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United Way #8199 CFC #37839

## MANDATED ADULT VOLUNTEER APPLICATION

Mr.  Ms.  Mrs.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Application Date \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**AREAS OF INTEREST** (Please select only one):

UCM's Cynthia Hull Food Pantry, 7511 Fordson Road, Alexandria, VA 22306 (Volunteers Accepted: Monday-Friday, 9:00 a.m. to 5:45 p.m.)

UCM's Back Porch Thrift Store, 8794-A Sacramento Drive, Alexandria, VA 22309 (Volunteers Accepted: Saturdays, 10:00 a.m. to 6:30 p.m. & Sundays, 12:00-6:30 p.m.).

**AVAILABILITY:**

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

Monday Time(s) \_\_\_\_\_

Tuesday Time(s) \_\_\_\_\_

Wednesday Time(s) \_\_\_\_\_

Thursday Time(s) \_\_\_\_\_

**EXPERIENCE:**

Education: \_\_\_\_\_

Occupation: \_\_\_\_\_

Skills or Interests \_\_\_\_\_

Clubs/Affiliations/Church/House of Worship/

Civic/Service): \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Friday Time(s) \_\_\_\_\_

Saturday Time(s) \_\_\_\_\_

Sunday Time(s) \_\_\_\_\_

Can you commit to a regular schedule? \_\_\_\_\_

**INFORMATION REGARDING LAWYER / PROBATION OFFICER /  
COURT REPRESENTATIVE / REFERRING AGENCY:**

Full Name of Contact: \_\_\_\_\_

Business / Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

Direct Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Number of court-mandated hours needed: \_\_\_\_\_ By when: \_\_\_\_\_

**REFERENCES:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Other Information (optional)**

Date of Birth (month/day only): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Age Range:  0-17     18-30     31-54     55-64     65+

Languages Spoken: \_\_\_\_\_

**Office Use Only**

Tuberculosis Test:	Received By & Date: _____	Assignment: _____
Criminal Record:	_____	_____
Driver's License #:	Interviewed By & Date: _____	Fwd To: _____
Social Security #:	_____	Start Date: _____

**COMMENTS:** \_\_\_\_\_