



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

ucmagency.org

P 703.768.7106 F 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 _____

City, State, Zip Code: _____

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: _____
