



**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

MANDATED YOUTH VOLUNTEER APPLICATION

Last Name _____

Application Date _____

First Name _____

Phone (Home) _____

Address _____

Phone (Work) _____

City, State, Zip Code _____

Birth Date _____ Age: _____

Email _____

EMERGENCY CONTACT:

Name: _____

Phone _____

EXPERIENCE:

Education: _____

Occupation: _____

Skills or Interests _____

Clubs/Affiliations: _____

Civic Service: _____

Church/House of Worship: _____

Volunteer Experience: _____

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) _____

Friday Time(s) _____

Tuesday Time(s) _____

Saturday Time(s) _____

Wednesday Time(s) _____

Sunday Time(s) _____

Thursday Time(s) _____

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

Full Name of Contact: _____

Business / Office Name: _____

Address: _____

Direct Phone: _____ Cell Phone: _____

E-mail Address: _____

TO BE COMPLETED BY PARENT OR GUARDIAN

Emergency Contacts:

#1 _____ phone _____ Relationship _____

#2 _____ Phone _____ Relationship _____

Physician's Name _____ Physician's Phone: _____

Allergies _____ Daily Medication _____

List any physical/medical conditions that may interfere with your child's participation in volunteer activities.

*******Permission is required for volunteers under the age of 18*******

All volunteers 16 and under must be accompanied by a parent or guardian
while serving at UCM.

***I DO HEREBY GRANT PERMISSION FOR MY DAUGHTER/SON TO WORK AS A VOLUNTEER FOR UCM.
I UNDERSTAND THEY WILL NEED A PARENT OR GUARDIAN IF THEY ARE AGE 16 OR UNDER,***

Signature _____ Date _____
(Parent or Guardian)

First Name: _____ Last Name: _____

Office Phone: _____ Cell Phone: _____ Home Phone _____

Business Name: _____ Website: _____

E-mail: _____