



**UNITED
COMMUNITY
MINISTRIES**

At the Heart of Community

ucmagency.org

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United Way #8199 CFC #37839

YOUTH VOLUNTEER APPLICATION

Last Name _____

Application Date _____

First Name _____

Phone: _____

Address _____

School Name: _____

City, State, Zip Code _____

Civic Club Name: _____

Email _____

Church Name: _____

Birth Date: _____ Age: _____

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? _____

Are you required to complete **court appointed** Community Service hours? Yes No

Are you doing this to fulfill a volunteer requirement for school or another program/organization? Yes No

If yes, how many hours do you need? ____ By what date do you need to have completed these hours? _____

If yes, school or organization name _____

EXPERIENCE:

Do you have any previous volunteer experience? ____ Yes ____ No

If yes, please describe: _____

ADDITIONAL INFORMATION:

How did you hear about the volunteer program? _____

Why do you want to volunteer with United Community Ministries? _____

List any school or community activities in which you are presently involved. _____

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: _____

OFFICE USE ONLY:

Received By: _____ Date Received: _____

Interviewed by: _____ Date Interviewed: _____

Assignment: _____ Fwd to: _____

Start Date: _____