



Volunteer Application

UCP Mission: *To advance the independence, productivity and full citizenship of persons with cerebral palsy and other disabilities.*

LAST NAME _____	FIRST NAME _____	M.I. _____
Address: _____		
STREET	CITY	STATE ZIP
Phone #'s: (____) _____	(____) _____	(____) _____
HOME	WORK	CELL EMAIL ADDRESS
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<i>Education/Training</i>	High School _____ Graduate?: <input type="checkbox"/> Yes <input type="checkbox"/> No Highest Grade Attended _____ College/Other _____ Number of Years Attended _____ Degree(s) earned: <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD Major: _____
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<i>Work Experience</i>	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired from _____ If <i>yes</i> , where? _____ Days/times you work _____ Business Phone (____) _____ Does your employer have a volunteer giving program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know Previous Work Experience _____ _____
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<i>Emergency Contact</i>	Local person to be contacted in case of illness/emergency: Name: _____ Relationship to you: _____ Phone #: (____) _____ Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> STREET CITY STATE ZIP </div>
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Volunteer Profile

Please give a brief summary of your background: _____

Reasons for wanting to volunteer: _____

How did you learn about volunteer opportunities at UCP? _____

Is this a required volunteer assignment? _____

If *yes*, number of hours needed: _____ Deadline: _____

Reason for the required hours: _____

1. Check the box for the time period(s) in the day(s) you're available.
2. Indicate the number of hours per day you would volunteer.

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	✓	# of hours	✓	# of hours	✓	# of hours	✓	# of hours	✓	# of hours
Morning										
Afternoon										
Evening										

Are there any physical conditions to be taken into consideration when arranging volunteer assignments for you? Yes No

If "yes", please explain: _____

Skills:

- Computer
- Cash register
- Musical instrument _____
- Language(s) _____
- Other skills: _____

Interests:

- Special Events
- Short-Term Projects
- Phoning
- Volunteer Trainer
- Clerical Work
- Other Interests: _____
- Newsletter
- Advocacy
- Mailings
- Repairs
- Fund Raising

Any particular volunteer activity/department you would like to try? _____

Any volunteer activity you would not want to be called upon to do? _____

Have you worked with people who are disabled? Yes No

Do you have transportation? Yes No

***Volunteer Profile
(Continued)***

Are you volunteering for: Part-Time Full-Time
 Are you available to volunteer on weekends? Yes No
 Have you ever volunteered at UCP before? Yes No
 If yes, When? _____
 Are you a student? Yes No
 If yes, what school do you attend? _____
 What grade are you in or what year do you plan to graduate? _____

***Criminal
Background Profile***

1. Have you ever been convicted of a crime (other than a traffic violation) or misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been convicted of or charged with a felony the disposition of which was other than acquittal or dismissal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever had any licensing board or professional ethics body ever require you to surrender your license or found you guilty of professional misconduct, unprofessional conduct, incompetence or negligence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever had your professional license, professional liability insurance or bond denied, revoked, fail to be renewed, or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there any charges or complaints pending against you by any licensing board or professional ethics body for professional misconduct, unprofessional conduct, incompetence or neglect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you aware of any circumstances that may result in any claim or suit being made against you regarding your past or current professional conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has any professional liability claim or suit ever been made against you for your professional conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of the previous six questions, please provide a detailed explanation on a separate page.

References (Please list adults over 21 yrs. Who are not relatives and who have known you for at least two years)

Name: _____ Phone #: (____)_____

Address:(street, city, state, zip) _____

Name: _____ Phone #: (____)_____

Address:(street, city, state, zip) _____

Name: _____ Phone #: (____)_____

Address:(street, city, state, zip) _____

If you have any friends/relatives employed or volunteering at United Cerebral Palsy, please list their names:

COMMITMENT STATEMENT: *I affirm that the information I have supplied is complete, true, and accurate to the best of my knowledge and understand that falsification may prevent my placement or justify future dismissal. **I also understand that a criminal background check may be conducted.** I hereby request to become a member of the Volunteer Services Department at United Cerebral Palsy and will abide by all of UCP's policies and procedures. I am willing to volunteer 50 unpaid hours of service within a one-year period (students will pledge at least one full semester or summer). I willingly agree to be trained and oriented, accurately record my service hours, and comply with any other mandatory requirements. I will be responsible and regular in my attendance and will inform my department of necessary absences. Volunteering at United Cerebral Palsy does not constitute an employment contract. My assignment can be terminated at any time with or without notice and for any reason. I will respect the need for safety, infection control, and consumer confidentiality.*

SIGNATURE

DATE