

U Care, Inc.
VOLUNTEER APPLICATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

DOB: _____ **PHONE: (W)** _____ **(H)** _____ **(C)** _____

EMAIL ADDRESS: _____

DRIVER'S LICENSE: **YES ()** **NO ()**

Contact in case of emergency: _____

Relationship: _____ Phone #: _____

Name of Present Employer/ School's Name: _____

Job Title/ Grade: _____

Hours you work/ attend school: _____

Length of Employment: _____

EDUCATION AND TRAINING

Highest grade completed: 9th () 12th () College () Graduate School ()

Training: _____

Languages: _____

SKILLS, INTEREST & HOBBIES: _____

WHAT ARE YOUR VOLUNTEER INTERESTS? _____

AVAILABILITY

() Short Term () Special Projects () Long Term

HOURS: per week _____ per month _____

TYPE OF WORK YOU WOULD LIKE (check all that apply):

() work with children () other (explain) _____

() work with Administrative Staff

TYPE OF WORK YOU PREFER:

() I am flexible () Prefer weekdays () Prefer weekends

Times during the week that you **cannot** volunteer: _____

Have you ever been convicted of a crime? () Yes () No

If yes, please explain: _____

LIST REFERENCES:

1. _____
2. _____
3. _____

SIGNATURE _____ **DATE** _____

(Please return to Volunteer Coordinator at the U Care, Inc. office)