

Volunteer Application

Contact Information

| | |
|------------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Preferred Phone Number | |
| E-Mail Address | |
| Male Female Non-binary | |

Availability

During which hours are you available to volunteer?

Weekday afternoons

Weekends (this is for Special Events only)

Weekday afternoons

| LeafBridge Children's Services | OakLeaf Adult Services | Other |
|---|--|----------------|
| Creating and/or Supplying Arts & Crafts Kits Therapists' Aides (Sanitize and Maintain Therapy Area and Equipment) | Client Events & Activities Special Interest Groups (Cooking, Gardening, etc.) Community Recreational & Volunteer Outings | Special Events |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering for UCP of Greater Cleveland.