

UNITED WAY OF LINCOLN COUNTY
VOLUNTEER APPLICATION FORM

| | | | |
|------------------|----------------|----------------|----------------------------|
| Last Name | First | Middle | Mr. Mrs. Miss Ms. Dr. Rev. |
| Home Address | City | State | Zipcode |
| Business Address | City | State | Zipcode |
| Home Phone | Business Phone | E-Mail Address | Fax Number |

Experience: (Include both paid and volunteer work experience, beginning with most recent)

| | | |
|-----------------------------------|--------------------------------|--------------|
| Organization Name | Address | Phone |
| From _____ To _____ | Supervisor's Name/Title | |
| Organization Name | Address | Phone |
| From _____ To _____ | Supervisor's Name/Title | |
| Organization Name | Address | Phone |
| From _____ To _____ | Supervisor's Name/Title | |

Current License(s)

| | | | |
|-------|---------|--------|------------------|
| Type: | Number: | State: | Expiration Date: |
| Type: | Number: | State: | Expiration Date: |

Education and Training (begin with most recent)

| Institution Name | City/State | Degree/Major | Date Attended |
|------------------|------------|--------------|---------------|
| | | | |
| | | | |

Fluent Language Skills (include sign language)

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Volunteer Opportunities: Check Activities Which Interest You or Skills You Possess

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|---|
| <input type="checkbox"/> Office Volunteer <input type="checkbox"/> Campaign & Fund Raising <input type="checkbox"/> Public Awareness / Special Events / Projects <input type="checkbox"/> Media Relations / Marketing / Public Relations <input type="checkbox"/> Leadership / Governance <input type="checkbox"/> Youth Programs <input type="checkbox"/> Other: _____ |
| |

Availability:

Monday **Tuesday** **Wednesday** **Thursday** **Friday** **Saturday** **Sunday**
Morning/Afternoon/Evening Morning/Afternoon/Evening Morning/Afternoon/Evening Morning/Afternoon/Evening Morning/Afternoon/Evening Morning/Afternoon/Evening Morning/Afternoon/Evening

Are you available for a short-term project? **Yes** **No**

Emergency Contact Information:

| Name | Relationship | Address | Phone |
|------|--------------|---------|-------|
|------|--------------|---------|-------|

Previous United Way Experience:

Have you ever worked as a United Way employee? *If Yes, Give Position, Dates, and Location.* **Yes** **No**

Have you ever worked as a United Way volunteer? **Yes** **No**

Do you volunteer with a Member Agency of the United Way of Lincoln County? **Yes** **No**

A “yes” answer to the following italicized questions will not necessarily disqualify any applicant.

Are you licensed to operate a motor vehicle in this state? **Yes** **No**

Has your license to operate a motor vehicle ever been revoked? If yes, please explain. **Yes** **No**

Have you ever been bonded? **Yes** **No**

Has your bonding ever been revoked? If yes, please explain. **Yes** **No**

Have you ever been convicted of a felony, or within the past 24 months, of a misdemeanor that resulted in imprisonment? If yes, please explain. **Yes** **No**

Why do you wish to volunteer with the United Way of Lincoln County? *(optional):*

Signature

Date