

<i>Personal Information</i>		
Name:		
Street Address:		
City:	Zip Code:	E-mail (required):
Home Phone:	Cell/Pager:	Other daytime phone:
Date of Birth (year optional):		
How did you hear about volunteering at UCP-OC: _____ _____		
Have you ever been convicted of a criminal offense? No ⇄ Yes ⇄ <small>(Please note: You need not divulge marijuana convictions that are more than two years old, convictions that have been sealed, expunged or eradicated; or misdemeanor convictions for which probation has been completed or otherwise discharged and the case dismissed.)</small> If yes, state the nature of the crime(s) when and where convicted, and disposition of the case.		
Are there any functions that you are unable to perform or would have limitations on performing that we should be aware of? No ⇄ Yes ⇄ If yes, please describe the functions that cannot be performed:		
<i>Emergency Contacts</i>		
1. Name:	Relationship:	
Address:		
Daytime Phone:	Evening Phone:	Cell/Pager:
2. Name:	Relationship:	
Address:		
Daytime Phone:	Evening Phone:	Cell/Pager:
Do you have any known allergies, conditions or medical concerns that might require our assistance with in an emergency? _____ _____		
Special Instructions: _____ _____		
<i>Time Donation: Information To be completed by Human Resources</i>		
Start Date:	Days & Hours Schedule:	
Department assigned to:		Supervisor:

List certificates or licenses you hold, or specialized training you have completed:

Select volunteer areas of interest: Events Administrative Therapy Recreation

Availability: Weekdays Evenings Weekends

Times and/or days available: _____

Length of commitment: One Time Ongoing Temporary Other:

List skills you have and indicate your level of experience

	Some Experience	Experienced	Expert
Bulk mail/sort/stuff envelopes	e	e	e
Computer Type	e	e	e
Construct manual/collating	e	e	e
Copy / Fax / File	e	e	e
Experience working with children and teens	e	e	e
Event Management	e	e	e
Finance	e	e	e
Fundraising	e	e	e
Graphic Design	e	e	e
Internet Research	e	e	e
Life experience with individuals having developmental disabilities	e	e	e
Management / Project Coordination	e	e	e
Microsoft Office: Word Excel Outlook PowerPoint	e	e	e
Photography	e	e	e
Public Relations / Speaking	e	e	e
Web Design / Maintenance	e	e	e

List job related professional or technical organizations to which you belong:



VOLUNTEER INFORMATION

<i>Employment / Volunteer History</i>	
Employer or Organization:	Title:
Address:	Duties:
Telephone No:	Supervisor's Name:
Dates of Employment:	
Reason for Leaving:	
Employer or Organization:	Title:
References <i>(Please list the names of two references)</i>	
Name:	
Address:	
Telephone No(s):	Relationship:
Name:	
Address:	
Telephone No(s):	Relationship:

Please read carefully, initial each paragraph and sign below:

- _____ I hereby certify that the answers given by me are true and complete to the best of my knowledge, I further certify that I, the undersigned, have personally completed this application.
- _____ I hereby authorize United Cerebral Palsy of Orange County to investigate all statements in this Application as well as any other records concerning me and I will release all persons whomsoever from any claims, demands, or liabilities on account of furnishing such information, and United Cerebral Palsy of Orange County may, without liability, truthfully disclose said information and answer all inquiries and references concerning me.
- _____ I understand that I am required to abide by all the rules and regulations of United Cerebral Palsy of Orange County.

I agree to all of the above conditions.

Volunteer Signature

____/____/_____
Date

Please print name