Volunteer Application Form

United Needs & Abilities, Inc.
Enriching lives of individuals with developmental disabilities.

APPLICANT INFORMATION

Full Name:

Date of Birth:
____ / ____ / _____

Phone Number:

Email Address:

Home Address:

(City, State, ZIP)

EMERGENCY CONTACT

Name:

Relationship:

Phone Number:

VOLUNTEER INTERESTS

Please check the areas you are interested in:

☐ Office/Clerical Support
☐ Event Planning & Assistance
☐ Fundraising/Donor Support
☐ Community Outreach
☐ Transportation/Errands
☐ Client Support Services
☐ Technical or IT Support
☐ Other (please specify): _____

AVAILABILITY

Days Available:
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Times Available:
☐ Morning
☐ Afternoon
☐ Evening

SKILLS & EXPERIENCE

Please list any relevant skills, training, certifications, or experience you bring as a volunteer:

BACKGROUND INFORMATION

Have you ever volunteered before?
☐ Yes ☐ No
If yes, where and in what role?

Do you have any physical or medical conditions we should be aware of to help accommodate your work?
☐ Yes ☐ No

If yes, please explain:

CONSENT & SIGNATURE

- I certify that the information provided is true and complete.
- I understand that I may be required to complete a background check prior to volunteering.
- I agree to follow the rules, policies, and mission of United Needs & Abilities, Inc.
- I understand that this is a **volunteer** (non-paid) position.

Signature: _____
Date: ____ / ____ / _____

OPTIONAL: HOW DID YOU HEAR ABOUT US?

☐ Website
☐ Social Media
☐ Friend/Family
☐ Event
☐ Other: _____