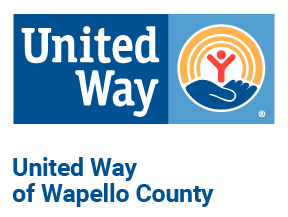
****

United Way of Wapello County Volunteer Application

***Please print***

# Volunteer Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Full Name:** |  |  |  |  | **Birth Date:** |  |
|  | Last Name | First Name | M.I. |  | **(**Optional) | MM/DD/YYYY |
|  |  |  |  |  | **Eligible age:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Address:** |  |  |  |  |
|  | Street Address |  |  | Unit # |
|  |  |  |  |  |
|  | City | State |  | Zip Code |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Home Phone:** |  |  | **Cell Phone:** |  |
| **Work Phone:** |  |  | **Email:** |  |

**How do you prefer to be contacted? Phone Text Email Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**May we contact you at your place of employment? ☐** Yes **☐** No **☐** Not applicable

**Do you have any disabilities or medical conditions you wish us to know about?** **☐** Yes **☐** No

|  |  |
| --- | --- |
| If yes, please describe: |  |

# Interests

Please review the attached list of volunteer positions currently available.

**Based on this list, do you know where you would like to volunteer?**

**☐** Yes **☐** No

**If yes,** please check all of the volunteer opportunities of interest to you on the provided list, as well as your general interests and skills.

**If no,** please indicate your skills and interests as well as you can. A United Way staff person will be in contact with you to identify a volunteer opportunity that matches your interests and talents.

**Approximately how often would you like to volunteer?**

|  |  |  |  |
| --- | --- | --- | --- |
| **☐** Once a week | **☐** 2-5 times a week | **☐** Once a month | **☐** A few times a year |

**When would you typically like to volunteer? (Circle all that apply.)**

***Time of Day***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **☐** Weekends | **☐** Weekdays | **☐** Evenings | **☐** Mornings | **☐** Any time |

***Days of the Week***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **☐** Monday | **☐** Tuesday | **☐** Wednesday | **☐** Thursday | **☐** Friday | **☐** Saturday | **☐** Sunday | **☐** Varies |
|  |  |  |  |  |  |  |  |

# Involvement/Employment

Please list your most recent places of employment:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Company:** |  |  |  | **Job Title:** |  |

**Responsibilities:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Company:** |  |  |  | **Job Title:** |  |
| **Responsibilities:** | |  |  |  |  |

# Military Service

|  |  |  |
| --- | --- | --- |
| **Are you a veteran?** | **☐** Yes **☐** No |  |

If yes, which branch of the military?

# Emergency Contact

**Please list your local emergency contact.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name:** |  | | | **Relationship:** |  |
| **Phone:** | | **( )** |
| **Address:** |  | | | | |

# Other Information (Optional)

**What is your race/ethnic background? (Please mark all that apply)**

**☐** White **☐** Hispanic/Latino **☐** Black/African American **☐** American Indian/Alaskan Native

**☐** Asian **☐** Native Hawaiian/Pacific Island **☐** Additional: **☐** Prefer not to disclose.

**What is your gender?**

**☐** Male **☐** Female **☐** Prefer not to disclose.

**Which is the highest level of school you have completed or the highest degree you have received?**

**☐** Less than a high school degree **☐** High school degree **☐** GED **☐** Some college, but no degree

**☐** Associate degree **☐** Bachelor’s degree **☐** Master’s degree or higher

# Signature

***Acknowledgment and Consent***

***I certify that the information provided in this application is true and accurate to the best of my knowledge.***

***I authorize United Way of Wapello County to share my information with its community partners on a limited basis for purposes such as background checks, volunteer opportunity referrals, and schedule updates.***

***I also grant United Way of Wapello County permission to use my name, photograph, and/or video likeness in promotional materials, including newsletters, brochures, and social media, to highlight and promote United Way programs.***

***☐ Check here if you do not wish to be photographed or recorded while volunteering.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature:** |  |  | **Date:** |  |

# Return information

|  |  |  |  |
| --- | --- | --- | --- |
| **Please return this application to:** | | | If you have questions or need assistance with this application, please call the United Way of Wapello County office at (641) 682-1264 or email the RSVP Director at [p.fisher@wapellocouw.org](mailto:p.fisher@wapellocouw.org?subject=Volunteer%20Opportunities%20with%20United%20Way%20of%20Wapello%20County) |
| United Way of Wapello County  224 E. Second St., Suite 1  P.O. Box 1778  Ottumwa, IA 52501 | OR | Email this application to  p.fisher@wapellocouw.org |

**On behalf of United Way of Wapello County, thank you for applying to be a United Way Volunteer!**

**Aliison Patzner, Community** Engagement Director- [a.patzner@wapellocouw.org](http://a.patzner@wapellocouw.org) **Peggy Fisher-** RSVP Director- [p.fisher@wapellocouw.org](mailto:p.fisher@wapellocouw.org?subject=Volunteer%20Opportunities%20with%20United%20Way%20of%20Wapello%20County)

For Office Use Only:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **☐** VR | **☐** CC | **☐** Referred: |  | **☐** Program: |  |