



UNITED COMMUNITIES AGAINST POVERTY, INC. (UCAP)
 1400 Doewood Lane
 Capitol Heights, Maryland 20743
 Phone: (301) 322-5700

Volunteer Application

Name _____ Are you 18 or older? _____

Home Address: _____

Home Telephone: _____ Other Phone: _____

Email Address: _____

Occupation: _____ Valid Driver's License? _____

Do you have access to a vehicle? _____

Do you have any allergies or physical conditions that might affect your volunteer work?
 If yes, please describe below:

In an emergency, please notify: _____
 Name Relationship

Address City/State/Zip Phone Number

Please list two business or personal references:

Name Name

Address Address

Telephone: Telephone: _____

Relationship: Relationship: _____

Are you acquainted with any current or past UCAP employee? If yes, what is the relationship? _____

If you are here through a volunteer program (school, etc.) please indicate the following:

Agency: _____

Address: _____

Telephone number: _____

Number of hours you would like to work: _____

Parent Guardian signature (if under 18): _____

TRAINING AND EXPERIENCE:

Have you had any formal education in social services or related fields? _____

When? _____

Where? _____



What type of training?

Have you done any other volunteer work?

When?

Where?

Type of Responsibilities:

What kind of experience do you have working with the general public?

What languages (if any) are you fluent?

Skills: (please check all that apply)

Office/Administrative	___	Research	___	Writing/Editing	___
Public Speaking	___	Photography/Video	___	Public Relations	___
Art/Design	___	Fund Raising	___	Computers	___
Education	___	Tutoring/Training	___	Legal	___
Typing	___	Steno	___	Other: (specify)	___

Placement: (please check the programs which you believe we could use your skills)

Counseling	___	Classroom Assistant	___	Community Outreach	___
Clerical/Office	___	Government Affairs	___	Maintenance/Cleaning	___
Publications	___	Legal	___	Special Events	___
Food Service	___	Other (specify)	___		

Availability:

When are you available for orientation and training? _____

When are you available for volunteer work? _____

Mornings: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___

Afternoon: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___

Evening: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___

PLEASE COMPLETE AND SIGN THE ATTACHED VOLUNTEER AGREEMENT FORM



VOLUNTEER AGREEMENT FORM

As a United Communities Against Poverty (UCAP) volunteer, you will be required to abide by the terms of a volunteer contract. The agreement below details what UCAP expects from you and what you can expect from UCAP.

If accepted as a UCAP volunteer, my signature below indicates that I understand and agree to the following:

- I will abide by all United Communities Against Poverty, Inc. (UCAP) policies and procedures.
- I agree to be supervised by the Volunteer Coordinator or designee and will directly report to the Coordinator any problems that arise.
- If I am unable to fulfill my scheduled hours, I will call the Coordinator in advance of the scheduled time and arrange for rescheduling.
- I understand that I may at any time, with or without cause, be removed from my position as a volunteer at the sole discretion of the agency.

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18) _____

UCAP pledges to work hard to make your service with us rewarding. As such, you have our commitment to the following:

- To be treated as a co-worker, not “just as free help”
- To a suitable assignment with consideration for personal preference, temperament, life experience, education and employment background.
- To thoughtful training as well as new developments and possible training for greater responsibility.
- To sound guidance and direction by someone who is experienced, well-informed, patient and thoughtful.
- To be heard, to feel free to make suggestions and to have respect shown for an honest opinion.
- To recognition through day-to-day expression of appreciation and by treatment as a bonafide co-worker.

Signature: _____ Date: _____

Thank you for your interest in volunteering with United Communities Against Poverty, Inc.