

Volunteer Application

Confidential



GENERAL INFORMATION

TODAY'S DATE: _____

Name: _____	Birth date: _____
Address: _____	Phone #1: _____
City: _____ State: _____ Zip: _____	Phone #2: _____
E-Mail Address: _____	
Highest Education Level Completed: _____	
Emergency Contact: _____	Phone #: _____

CURRENT OCCUPATION

Employer: _____	Phone#: _____
Job Title: _____	
Responsibilities: _____	
Work Restrictions/Special Needs: _____	

ADDITIONAL INFORMATION

Are you associated with another nonprofit: **YES NO**

NOTE: If yes, please complete the "Other Nonprofit Information" section below.

Have you ever volunteered with the UPHF before: **YES NO**

Have you ever been a participant or recipient in any programs: **YES NO**

Have you ever been convicted (plead guilty or been found guilty) of a misdemeanor or felony? **YES NO**

If YES, list any and all convictions and provide dates of each.

(Your response to these questions will not automatically disqualify you from volunteering. However, falsifying or omitting information will be grounds of disqualification.)

DAYS AND HOURS AVAILABLE

Sun:	_____
Mon:	_____
Tues:	_____
Wed:	_____
Thurs:	_____
Fri:	_____
Sat:	_____

VOLUNTEER PREFERENCE

Using a 1-5 scale, please indicate your preferences, 5 being the highest.

UPHF Events	Donor Development
Volunteer Outreach	Reception/Front Desk
Office Assistance	Administration
Other: _____	

REFERENCES

Please provide two references, other than family.

1) Name: _____	Phone #: _____
Email: _____	
2) Name: _____	Phone #: _____
Email: _____	

OTHER NONPROFIT INFORMATION

If you are involved with another nonprofit, please complete this part of the application.

Group Name: _____	
Address: _____	Phone #: _____
City: _____ State: _____ Zip: _____	
Volunteer Coordinator: _____	Phone #: _____
E-Mail Address: _____	

COMMUNITY SERVICE/PROBATION/PAROLE VOLUNTEERS

Fill out only if applicable.

Reason for required service hours: _____	
<i>IF APPLICABLE:</i>	
Probation or Parole Officer : _____	Number of hours Needed: _____
E-Mail Address: _____	Phone #: _____

CONFIDENTIALITY AGREEMENT, PHOTO RELEASE, AND APPLICATION COMPLETION

I, hereby acknowledge and agree that by signing this waiver, I am also agreeing to adhere to the policies and regulations outlined in the Union Printers Home Foundation (UPHF) Volunteer Handbook.

I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and active volunteer status may be terminated at any time.

I further understand and agree that all data, materials, knowledge, and information generated through, originating from, or having to do with the UPHF or persons associated with our activities are considered privileged and confidential and are not to be disclosed to any third party.

I also acknowledge that any photo taken of me or my family may be used by the UPHF for promotional or informational purposes.

In consideration of my volunteer application, I agree to adhere to the policies and regulations of UPHF, and I understand that my volunteer status can be terminated at any time, with or without cause, by the UPHF.

Volunteer Name (Print) _____ Date _____

Volunteer Signature _____

GUARDIAN PERMISSION

Fill out only if applicable.

I, the parent or legal guardian of the above youth, verify the student information and give my permission for them to volunteer with the UPHF.

Signature: _____ Phone #: _____

Thank you for your application!

If you have any questions, please contact the UPHF at:
volunteer@uphf.org or 412.254.8304