

LIVE UNITED™



Please contact United Way of Northern Arizona with any questions
Phone: (928) 773-9813
Fax: (928) 773-9814
volunteer@nazunitedway.org
www.nazunitedway.org

Volunteer Application

PLEASE PROVIDE THE FOLLOWING INFORMATION (please print clearly)

Name: _____ Date: _____

Date of Birth: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Email: _____

Primary Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

Previous Work and/or Volunteer Experience:

Agency/Location	Title/Responsibilities	Phone #	Dates Employed/Volunteered

Age Category: Adult Teen Child

Do you have any condition and/or physical limitations that would prohibit or limit you from performing your volunteer duties or responsibilities?

Yes No

If yes, please describe any physical limitations and any reasonable accommodations that you may need for you to perform your volunteer duties and responsibilities: _____

What would you like to volunteer for?

Long-Term Volunteering Disaster Relief VITA Projects as needed
 Community Investments Education Initiatives Campaign Other: _____

When are you available to volunteer? Mon Tue Wed Thu Fri Sat Sun

I prefer to volunteer in the: Morning Afternoon Evening No Preference
Skills—Please check all that apply

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Counseling | <input type="checkbox"/> Health/Medical | <input type="checkbox"/> Researchers |
| <input type="checkbox"/> Administrative/Office | <input type="checkbox"/> Crafts/Hobbies | <input type="checkbox"/> Host/Hostess | <input type="checkbox"/> Skilled Trades |
| <input type="checkbox"/> Animal Care/Rights | <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Immigration | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Board Development | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Intake Counselors | <input type="checkbox"/> Fundraising/Grants |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Disasters | <input type="checkbox"/> Literacy/GED | <input type="checkbox"/> Supervision |
| <input type="checkbox"/> Caretakers | <input type="checkbox"/> Donation Pick-Up | <input type="checkbox"/> Maintenance/Yard Work | <input type="checkbox"/> Tax Preparation |
| <input type="checkbox"/> Career Counseling | <input type="checkbox"/> Donation Sorter | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Translation |
| <input type="checkbox"/> Child/Youth Development | <input type="checkbox"/> Education/Training | <input type="checkbox"/> Phone Counselor | <input type="checkbox"/> Transportation/Delivery |
| <input type="checkbox"/> Childcare/Daycare | <input type="checkbox"/> Environmental | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Tutor |
| <input type="checkbox"/> Companion/Visiting | <input type="checkbox"/> Food Prep/Serving | <input type="checkbox"/> Recreational Sports | <input type="checkbox"/> Volunteer Coordinator |
| <input type="checkbox"/> Community Policing | <input type="checkbox"/> Fine/Performing Arts | <input type="checkbox"/> Reception/Greeter | <input type="checkbox"/> Computer Technology |

Medical

Doctor
 Specialty: _____

Nurse
 Specialty: _____

EMT
 Mental Health Professional
 Veterinarian
 Veterinary Technician

Software

MS Word
 Outlook
 Excel
 Internet
 Access

Access to:

Trailer
 Bobcat
 ATV

Transportation

Mark Vehicles able to drive:
 Car
 Station Wagon/Van
 Truck
 SUV
 ATV
 Boat
 Commercial DL
 Class: _____

Communications

CB or Ham Operator
 Telephone Receptionist
 Own a Cell Phone

Service

Food
 Elderly
 Disabled
 Child Care
 Spiritual

Languages:

Spanish
 Navajo
 Hopi
 Other: _____

Tell us about any other special training, education or talents you have:

References:

- Name: _____ Phone: _____
- Name: _____ Phone: _____
- Name: _____ Phone: _____

I consent that I am at least 18 years of age. If under 18 years of age you must have a parent or guardian signature to volunteer.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Name (please print): _____

Volunteer Release and Consent Form

I understand that I may receive personal information regarding United Way participants and I understand that this information is confidential and no such information obtained from United Way participants including addresses and contact information, will be disclosed by me to any outside party or agency either in a written or verbal form.

Release of Liability

I hereby release, indemnify and hold harmless United Way of Northern Arizona officers, directors and employees, the county and local governments, the State of Arizona, the participating agencies, the coordinating agencies, the organizers, sponsors, and supervision from any and all liability in connection with any injury I may sustain, including any injury caused by negligence, in conjunction with any volunteer efforts in which I participate. I will abide by all safety instructions and information provided to me during any and all volunteer efforts. Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Arizona, and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully read to the foregoing release and indemnification, and understand the contents thereof, and sign this release as my own free act.

Communications Release

I hereby grant permission to the United Way of Northern Arizona to use my photograph, video, or statements taken during volunteering on its World Wide Web site, in other marketing materials, or in other public publications without further consideration, and I acknowledge United Way's right to crop or treat the photograph at its discretion. I also acknowledge that United Way may choose to use my photo at its own discretion, and to authorize any newspaper, company or other organization to use, publish, republish or exhibit said photograph with or without identification of me by name and to publish or disseminate statements referring to me in conjunction therewith in the promotion of United Way of Northern Arizona and any of its activities.

Signature: _____ Date: _____

Parental Consent/Release – If the individual is under 18 years of age, the following must be signed by a parent or legal guardian.

I hereby consent and agree, as a parent or legal guardian of to all the terms and provisions above.

Parent/Guardian Signature: _____ Date: _____

Name (please print): _____

Relationship to minor: _____