

UWNA Volunteer Application

PLEASE PROVIDE THE FOLLOWING INFORMATION (please print clearly)

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Mobile: _____
Email: _____

EMERGENCY CONTACT

Primary Emergency Contact: _____ Relationship: _____
Address _____ Phone: _____

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 Projects as needed Campaign
 Disaster Relief Community Investments Other: _____
 VITA Education Initiatives

WHEN ARE YOU AVAILABLE TO VOLUNTEER?

Mon Tue Wed Thu Fri Sat Sun

I PREFER TO VOLUNTEER IN THE:

Morning Afternoon Evening No Preference

Please contact United Way of Northern Arizona with any questions
Phone: (928) 773-9813 x 219
Fax: (928) 773-9814
volunteer@nazunitedway.org
www.nazunitedway.org

GENERAL SKILLS — (PLEASE CHECK ALL THAT APPLY)

- | | | |
|--|--|--|
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Reception/Greeter |
| <input type="checkbox"/> Administrative/Office | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Animal Care | <input type="checkbox"/> Disasters | <input type="checkbox"/> Tax Preparation |
| <input type="checkbox"/> Career Counseling | <input type="checkbox"/> Donation Pick-Up | <input type="checkbox"/> Translation |
| <input type="checkbox"/> Child/Youth Development | <input type="checkbox"/> Donation Sorter | <input type="checkbox"/> Transportation/Delivery |
| <input type="checkbox"/> Childcare/Daycare | <input type="checkbox"/> Environmental | <input type="checkbox"/> Tutor |
| <input type="checkbox"/> Community Policing | <input type="checkbox"/> Fundraising/Grants | <input type="checkbox"/> Volunteer Coordinator |
| <input type="checkbox"/> Computer Technology | <input type="checkbox"/> Intake Counselors | |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Maintenance/Yard Work | |

SPECIALTY SKILLS – (PLEASE CHECK ALL THAT APPLY)

Medical Certification

- | | |
|---|--|
| <input type="checkbox"/> Doctor (Specialty) _____ | <input type="checkbox"/> Nurse (Specialty) _____ |
| <input type="checkbox"/> Mental Health Professional (Specialty) _____ | |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Veterinarian |
| | <input type="checkbox"/> Veterinary Tech |

Software

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Microsoft Outlook | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Microsoft Access | |

Transportation

- | | | |
|---|--------------------------------|--|
| <input type="checkbox"/> Car | <input type="checkbox"/> Truck | <input type="checkbox"/> Commercial DL |
| <input type="checkbox"/> 12 passenger Van | <input type="checkbox"/> Boat | |

Service Skills

- | | | |
|---|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Food | <input type="checkbox"/> Elderly | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Food Handler License | <input type="checkbox"/> Disabled | <input type="checkbox"/> Spiritual |

Languages

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Hopi |
| <input type="checkbox"/> Navajo | <input type="checkbox"/> Other: _____ |

TELL US ABOUT ANY OTHER SPECIAL TRAINING, EDUCATION OR TALENTS YOU HAVE:

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: _____