

United Way of St. Thomas-St. John

Volunteer Application Form

Thank you for your interest in volunteering with us. To help us make an effective match, please fill out the information below:

Date: _____ Preferred Title: _____ Date of Birth: _____
(i.e. Mr., Mrs., Sr.) Month/Day

Name: _____
First Last Middle Initial

Mailing Address: _____
Number/Street City State Zip

Home Phone: _____ Fax: _____ E-mail: _____

Skill Area – Please indicate your skill areas below using the following scale:

1 – trained in this area

2 – experienced in this area

3 – interested in this area

____ Administrative Assistant

____ Finance

____ Library Science

____ Agency Relations

____ Fund Raising

____ Photography

____ Board Development

____ Graphic Design

____ Projects with Youth

____ Communications/Marketing

____ Government Relations

____ Research

____ Data Entry

____ Health Services

____ Telephone Skills

____ Event Planning

____ Human Services

____ Word Processing

____ Filing

____ Interviewing

____ Writing

Other _____

What times are you available? _____ Monday _____ Tuesday _____ Wednesday
_____ Thursday _____ Friday _____ Weekends _____ Evenings

How long are you hoping to work with us? _____

Are you currently employed? _____ Yes _____ No _____ Full Time _____ Part Time

Name and address of employer: _____

Job Title Work Phone Work Fax E-Mail

GIVING HOPE A HAND



THE UNITED WAY

Please list three personal references (do not list employers or relatives):

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list previous volunteer/community service work (most recent first):

Organization	Position	Dates: (From-To)	Supervisor	Phone Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In case of emergency, please contact: _____
Name Relationship Phone Number

How did you hear about United Way's Volunteer Opportunities?

___ Court-Referral	___ Recruitment Flyer	___ TV/Radio
___ Internet	___ School	___ Word of Mouth
___ Place of Employment	___ Training Program	
___ Other _____		

This section is optional, you do not have to fill it out.

Race	Age	Education Completed
___ African-American	___ under 18	___ High School
___ Asian	___ 18-24	___ College
___ Caucasian	___ 25-34	___ Graduate School
___ Native American	___ 35-49	___ Vocational/Technical
___ Other	___ 50+	___ Specialized Professional

Are you currently a student? ___ Yes ___ No Name of School _____

- I certify that the information I have written is correct.
- United Way deals with information of a confidential nature, and I understand that I will be bound by their policies and procedures.
- United Way has my permission to contact my references.

Signature: _____ Date: _____