

# United Way Perth - Huron

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## VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with the United Way of Perth-Huron. Please complete this form to help us match your skills and interests with a suitable volunteer position. This application and related information will remain confidential.

### Basic Information

|  |                   |                   |       |
|--|-------------------|-------------------|-------|
| DATE:  | NAME:             |                   |       |
| ADDRESS:   |                   |                   | CITY: |
| PROVINCE:  |                   | POSTAL CODE:      |       |
| TELEPHONE NUMBER (Home):   |                   | (Work)            |       |
| FAX NUMBER:  |                   | E-MAIL:           |       |
| GENDER: Male <input type="checkbox"/><br>Female <input type="checkbox"/> | OCCUPATION/TITLE: |                   |       |
| PLACE OF EMPLOYMENT:   |                   | LANGUAGES SPOKEN: |       |
| DATE OF BIRTH: (optional)  |                   |                   |       |

### Emergency Contact

|                          |           |              |  |
|--------------------------|-----------|--------------|--|
| Name:                    |           |              |  |
| Address:                 |           |              |  |
| City:                    | Province: | Postal Code: |  |
| Telephone Number: (Home) |           | Work:        |  |

Relationship to Applicant:

## Volunteer Information

**Why are you interested in volunteering with the United Way of Perth-Huron?**

**Do you have any past volunteer experience? If yes, please list and briefly explain.**

**What skills and abilities do you possess that would benefit the United Way of Perth-Huron?**

**Is there a particular type of volunteer work that you would be interested in? (Please check all that apply.)**

|   |   |  |  |
|---|---|--|--|
| Office Support <input type="checkbox"/>     | Special Events <input type="checkbox"/>               | Program Review and Allocations Committee (PRAC) <input type="checkbox"/> |  |
| Fundraising <input type="checkbox"/>        | Building Community Awareness <input type="checkbox"/> | Campaign Team <input type="checkbox"/>                                   | Property Management Committee <input type="checkbox"/> |
| Board of Directors <input type="checkbox"/> | Other (please explain):                               |  |  |

**What are some of your interests?**

**When would you be available to volunteer?** (Please check all that apply.)

Mornings

Afternoons

Evenings

Mondays

Tuesdays

Wednesdays

Thursdays

Fridays

Saturdays/Sundays

**How did you learn about the United Way of Perth-Huron's volunteer opportunities?**

Advertisement

Volunteers  
in Perth

Member Agency

United Way  
website/FaceBook

Personal  
Referral

Other (please specify)

## References

**Please provide two references:**

1

Name:

Telephone Number (Home):

(Work):

Relationship:

2

Name

Telephone Number (Home):

(Work):

Relationship:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian  
(if under 18 years of age)

\_\_\_\_\_  
Date

Revised: 2009