



Volunteer Application Form

Name _____

Address _____ City _____ Postal Code _____

Home or Cell Phone Number: _____

Email: _____

EMERGENCY CONTACT INFO

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Have you ever volunteered for United Way Niagara or another United Way?

Yes No

If yes, please provide location, date(s) and description of volunteer position

When are you available to volunteer (eg. Provide start date, period of time, time of day and frequency)

What type of volunteer opportunity(ies) are you interested in? (check all that apply)

Member of the Board of Directors

Gennext Cabinet Member

Campaign Cabinet Member

Women United Committee Member

Community Investment Panel Review Member

Other: _____

Golf Tournament Committee Member

Why would you like to volunteer for **United Way Niagara**?

What are some skills and talents that you would be willing to share or gain during your volunteer experience?

Please identify any qualifications or current certifications you have:

(eg. CPR, First Aid, Safe Food Handling, Smart Serve)

Are you willing to submit to a vulnerable sector screening or criminal check depending on the type of volunteer role you may participate in (i.e. board member, etc.)?

Yes No

Were you referred by an individual or organization? Yes No

If yes, who? _____

Do we have permission to contact your references? Yes No

Please provide TWO professional references (Name, email, phone)

Additional Information (please use this space to provide any additional information)

I acknowledge that the information provided in this form is, to the best of my knowledge, accurate.

Date _____

Signature of Applicant _____