



VOLUNTEER APPLICATION

Thank you for your interest in volunteering with OC United!

Volunteers play a vital role in our programs. All volunteer applications are reviewed with consideration of our currently available volunteer opportunities. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

I. CONTACT INFO

First Name: _____ Last Name: _____

Phone: _____

Email: _____

Can we add you to our OC United Emailing List? Yes ___ No ___

Birthdate: ___/___/___

Address: _____

City: _____ State: _____ Zip Code: _____

II. EDUCATION & EMPLOYMENT

Highest Grade Level Completed: _____

Current Employer: _____

Job Title: _____

Do you speak English?? YES ___ NO ___

Do you speak Spanish? YES ___ NO ___

Other languages? _____

Are you CPR / First Aid Certified? YES ___ NO ___

III. EMERGENCY CONTACT INFORMATION

First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Relationship to you: _____

IV. QUESTIONS

How did you find out about OC United?

Why are you interested in volunteering with OC United? What do you hope to gain?

Have you had any previous experience as a volunteer?

With which organizations, and what kind of work did you do?

Have you had any previous experience as a volunteer?

With which organizations, and what kind of work did you do?

Which volunteer skills do you possess that would be helpful in connecting you to a relevant volunteer role?

- | | | | |
|--|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Basic Office Skills | <input type="checkbox"/> Childcare | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Computer Usage |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Cooking | <input type="checkbox"/> CPR | <input type="checkbox"/> Crafting |
| <input type="checkbox"/> Crisis Management | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Design | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Manual Labor |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Mentorship | <input type="checkbox"/> Painting | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Videography | <input type="checkbox"/> Woodworking |

Which additional skills or qualities do you possess that might be useful in volunteering?

Are you interested in a particular volunteer opportunity?

- Domestic Abuse Support
 Homelessness
 Jobs for Life
 Neighborhoods
 RESPITE Program
 THRIVE Program
 United Kids
 General
 I don't know, I just want to help!
 Other (See below):

What do you know about the volunteer opportunity(ies) that you have selected?

V. AVAILABILITY *(Please place an "X" in the box(es) that you are available)*

	NOT AVAILABLE	MORNINGS	AFTERNOONS	EVENINGS	OTHER
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					

Notes: _____

VI. REFERENCES

Volunteers are required to have at LEAST 2 references who are not current staff or volunteers for OC United. Thank you!

First & Last Name: _____ **Phone:** _____
Email: _____ **Relationship to you:** _____

First & Last Name: _____ **Phone:** _____
Email: _____ **Relationship to you:** _____

First & Last Name: _____ **Phone:** _____
Email: _____ **Relationship to you:** _____

VII. CONCLUSION

Have you ever been convicted of a felony and / or served time in prison? Yes ___ No ___

Would you be willing to have a background check completed? Yes ___ No ___

A security check is required for all volunteers with OC United. This involves a check of police records.

Is there any additional information that OC United should know about you? Yes ___ No ___

If yes, please enter in the notes below:

IV. CONTRACT

I declare that the information I have provided is true. All of my actions as a volunteer will reflect the ethos of OC United.

_____ **First Name** _____ **M.I.** _____ **Last Name** _____

_____ **Applicant Signature** _____ **Date** _____

Office use only:

Received on: _____ **Staff Initials:** _____ **Initiative:** _____

Notes: _____
