



# Volunteer Application

## Personal Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you at least 18 years of age? (Circle)      Yes      No

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

*\*All volunteers must be at least 16+ years, volunteers 18+ must complete a background test to volunteer in the therapy center*

Have you ever been convicted of a criminal offense? (Circle)      Yes      No

If yes, state the nature of the crime(s) when and where convicted, and the disposition of the case:

\_\_\_\_\_  
\_\_\_\_\_

*\*Please note: you do not need to divulge marijuana convictions older than two years, convictions that have been sealed, expunged or eradicated; or misdemeanor convictions for which probation has been completed or otherwise discharged and the case dismissed*

How did you hear about volunteer opportunities at UCP-OC?

\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in volunteering with UCP-OC?

\_\_\_\_\_  
\_\_\_\_\_

Are there any functions that you are unable to perform or would have limitations on performing that we should be aware of? (Circle)

Yes      No



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If yes, please describe the functions that cannot be performed or suggest appropriate accommodations: \_\_\_\_\_

\_\_\_\_\_

Do you have any known allergies, conditions or medical concerns that you may require our assistance with in an emergency? (Circle)

Yes                      No

If yes, please provide instructions:

\_\_\_\_\_

\_\_\_\_\_

## Qualifications

Please list any certificates or licenses (including expiration dates) you hold or specialized training you have completed:

\_\_\_\_\_

\_\_\_\_\_

Please indicate your level of experience:	Some Experience	Experienced	Expert
Working with children and teens			
Working with individuals with disabilities			
Bulk Mailing/Collating/Filing			
Microsoft Office 365 Suite			
Web Design/Graphic Design			
Event Management/Public Relations			
Project Management			
Photography			
Fundraising			
Language(s) Fluency (spoken/written)			



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## Volunteer History

### Reference 1

Organization: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Worked: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

### Reference 2

Organization: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Worked: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

## Availability

Select area of interests: (Circle)

Special Events      Administrative      Therapy Center      Recreation

Indicate Availability:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



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Please read carefully, initial each statement and sign below:

\_\_\_\_\_ I hereby certify that the answers given by me are true and complete to the best of my knowledge, I further certify that I, the undersigned, have personally completed this application.

\_\_\_\_\_ I hereby authorize UCP of Orange County to investigate all statements in this Application as well as any other records concerning me and I will release all persons whomsoever from any claims, demands, or liabilities on account of furnishing such information, and UCP of Orange County may, without liability, truthfully disclose said information and answer all inquiries and references concerning me.

\_\_\_\_\_ I understand that I am required to abide by all the rules and regulations of UCP of Orange County.

\_\_\_\_\_ I understand at UCP-OC, my services can be terminated at any time at the sole discretion of UCP-OC, with or without notice and with or without cause.

I agree to all of the above conditions.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

*\*If the volunteer is under 18 years, a parent or guardian signature is required below agreeing to and acknowledging the above statements*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name

**For volunteer questions and application submission, contact  
Alicia Stearns, Volunteer & Family Support Service Manager  
Mail: 980 Roosevelt Ste. 100, Irvine, CA 92620  
Email: [astearns@ucpoc.org](mailto:astearns@ucpoc.org)  
Phone: 949.333.6430  
Fax: 949.333.6440**

There shall be no discrimination against an otherwise qualified volunteer by reason of disability, age, race, color, ethnicity, gender, religion, national origin, socioeconomic status, sexual orientation, citizenship, or marital status.