



VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Uneath and Empower Communities!

To join our volunteer service program, complete this application and return to:

Uneath and Empower Communities
attn: Sara Hicks
PO Box 5490
Compton, CA 90224-5490
uneathandempower@gmail.com

The Volunteer Service Contract must be completed and returned as part of the application. When your completed application has been received, we will contact your references and notify you when your application has been approved. If you are a high school or college student volunteer, work can be credited for class time. Contact Sara Hicks, by email at uneathandempower@gmail.com if you have any questions during the application process.

All information is kept confidential.

Application Date: _____

Name: _____

Email: _____

Street Address: _____

Home Phone: _____ Cell Phone: _____



EDUCATIONAL BACKGROUND:

High School Diploma or GED? (circle one) YES NO

Name of College/University, if attended: _____

Currently Enrolled? (circle one) YES NO

Number of years attended: _____

Degree: _____ Year Received: _____

If currently in high school, list its name and current grade:

_____ Grade: _____

Graduate Studies:

Name of College/University, if attended: _____

Currently Enrolled? (circle one) YES NO

Number of years attended: _____

Degree: _____ Year Received: _____

PROFESSIONAL BACKGROUND

Current occupation and employer (name, address, phone, email) _____

If retired, former occupation(s) _____

PREVIOUS VOLUNTEER EXPERIENCE

Please list the name of the organizations and phone numbers, type of volunteer service provided, and dates of service.

1. _____

2. _____

3. _____

4. _____



VOLUNTEER INTEREST

Is there a particular type of volunteer work that interests you (circle all that apply)?

- VISUAL ARTS EDUCATION:
 - Assist the Visual Arts Education Director in developing programming
 - Assist the Visual Arts Education Director in managing the In-School Art Education Program
 - Assist the Visual Arts Education Director in managing the Summer Art Camps
 - Social networking promotion
 - Publicity for programming
- DEVELOPMENT:
 - Assist the Development Director in researching and applying for grants
 - Solicit new donations
 - Maintain relationships with donors
 - Assist in fundraising and corporate sponsorship
 - Manage development database
- PROGRAM ADMINISTRATION:
 - Database management and filing
 - Receptionist Duties (answering phones, etc.)
 - Publicity/marketing for the campus
 - Graphic design work of flyers and other promotional collateral

Do you speak a foreign language? (circle one) YES NO If yes, please specify _____

American Sign Language? (circle one) YES NO

Why are you interested in volunteering at UEC? _____

How did you hear about our Volunteer Program? _____



REFERENCES

Please list two people not related to you who can provide a professional reference. If possible, please include a current or former employer, teacher/professor or someone for whom you have volunteered.

1. Name: _____ Relationship to you: _____

Daytime Phone: _____ Alternate Phone: _____

Email: _____

2. Name: _____ Relationship to you: _____

Daytime Phone: _____ Alternate Phone: _____

Email: _____

Please note any medical conditions of which we or emergency personnel should be aware. This information is only used in the event you require assistance.

Please contact in case of an emergency:

1. Name: _____ Relationship to you: _____

Address: _____

Home Phone: _____ Cell Phone: _____

2. Name: _____ Relationship to you: _____

Address: _____

Home Phone: _____ Cell Phone: _____



Have you ever been convicted of any crime (other than a minor traffic offense)?

(circle one) YES NO

If yes, please explain. _____

Please note the days and the times you may be available to volunteer.



VOLUNTEER CONTRACT

The agreement between UEC and _____, is as follows:

THE VOLUNTEER AGREES TO THE FOLLOWING:

1. To abide by all policies and procedures of UEC as outlined by staff.
2. To provide accurate and up-to-date information on all application materials.
3. To set a monthly or program-based schedule by which the Intern abides.
4. To arrive on time as scheduled, inform staff if you will be late or absent.
5. To log in hours on a time sheet and turn in time sheet to supervisor at the end of each month.
6. To complete all required training for his/her particular Volunteer position.
7. To accept UEC's right to dismiss any volunteer for poor attendance, conduct or attitude.
8. To treat other volunteers, program staff and clients with dignity and respect without regard to race, cultural ethnicity, religion, sexual orientation, disability, gender, or age.

UEC AGREES TO THE FOLLOWING:

1. To provide a safe, professionally structured and well-managed Volunteer Program.
2. To provide accurate record keeping of service and recognition for that service.
3. To allow for change of assignments as appropriate for both UEC and the Volunteer.
4. To provide responsible volunteers with a reference, if needed, for future employment or education.

PARENT'S PORTION (for applicants under 18 years of age)

I have read and understand this application and I give my child permission to be a volunteer with UEC. I accept full responsibility for my child's participation in this program. I give permission for UEC to transport my child to any and all activities and consent to emergency medical attention in the event that I cannot be reached.

Signature of Parent or Guardian

Date

Volunteer

Date

Supervising Staff

Date