

Note: all information on this form is subject to our confidentiality policy.

Your name:

Today's Date:

Address:

Apt/Bldg:

City, State, Zip Code:

Primary phone:

Text capable? Y/N

Alternate phone:

Text capable? Y/N

Email:

Best contact method:

Emergency Contact

Name:

Emergency Contact Day Phone:

Relationship:

Emergency Contact Evening Phone:

Availability:

Mon AM <input type="checkbox"/>	Tues AM <input type="checkbox"/>	Wed AM <input type="checkbox"/>	Thurs AM <input type="checkbox"/>	Fri AM <input type="checkbox"/>	Sat AM <input type="checkbox"/>	Sun AM <input type="checkbox"/>
Mon PM <input type="checkbox"/>	Tues PM <input type="checkbox"/>	Wed PM <input type="checkbox"/>	Thurs PM <input type="checkbox"/>	Fri PM <input type="checkbox"/>	Sat PM <input type="checkbox"/>	Sun PM <input type="checkbox"/>
Overnight <input type="checkbox"/>	Overnight <input type="checkbox"/>	Overnight <input type="checkbox"/>	Overnight <input type="checkbox"/>	Overnight <input type="checkbox"/>	Overnight <input type="checkbox"/>	Overnight <input type="checkbox"/>

Optional section:

Are you volunteering with us **on behalf of another** organization or a church? If so, which one?

Experiences you want to use while volunteering:

Current Licenses and Certifications:

Type:

Number:

State:

Expiration Date:

Highest Education Level Achieved:

Language: _____

Speak: High Medium Low

Read: High Med Low

Write: High Med Low

Language: _____

Speak: High Medium Low

Read: High Med Low

Write: High Med Low

Skills

Medical _____

Entertainment

Education

Socializing/games

Legal _____

Shopping

Childcare

Transportation

Pastoral _____

Meals

Entertainment media

Security

Counseling _____

Laundry

set-up

Other _____

Why do you want to volunteer with the UUCQC Sanctuary Support Group?

Note: all information on this form is subject to our confidentiality policy.

Consent to Volunteer of Parent/Guardian for Applicant Under Age 18

Name: _____ **Today's Date:** _____

Signature: _____

In an effort to ensure your safety and the safety of those we serve, the UUCQC requires volunteers who may be working with children to complete a background check prior volunteer service.

Signature: _____ **Today's Date:** _____

Bithdate: _____

Consent of Parent/Guardian for background check for applicant under age 18

Name: _____ **Today's Date:** _____

Signature: _____