



901 First Street, NW
Washington, D.C. 20001
202-535-1100

VOLUNTEER APPLICATION

Full Name: _____

Home Address: _____
Street City/State Zip Code

Telephone Number: _____ (H) _____ (C)

Email: _____

Date of Birth (MM/DD/YYYY): _____

DEPARTMENT(S) OF INTEREST:

Please check two (2) departments you are interested in volunteering with from the options listed below:

WEEKDAY OPPORTUNITIES: <input type="checkbox"/> Dietary <input type="checkbox"/> Laundry <input type="checkbox"/> Resident Companion <input type="checkbox"/> Finance (college students & older) <input type="checkbox"/> Recreation	EVENING & WEEKEND OPPORTUNITIES: <input type="checkbox"/> Resident Companion <input type="checkbox"/> Recreation
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Date you would be available to start? _____

Please check the time(s) on the day(s) you are available to volunteer:

<u>Monday:</u>	Morning ___	Afternoon ___	Evening ___
<u>Tuesday:</u>	Morning ___	Afternoon ___	Evening ___
<u>Wednesday:</u>	Morning ___	Afternoon ___	Evening ___
<u>Thursday:</u>	Morning ___	Afternoon ___	Evening ___
<u>Friday:</u>	Morning ___	Afternoon ___	Evening ___
<u>Saturday:</u>	Morning ___	Afternoon ___	Evening ___
<u>Sunday:</u>	Morning ___	Afternoon ___	Evening ___

Experience:

Are you employed? Yes ___ No ___ If yes, where? _____

List previous volunteer experience, date and duration of each:

Have you ever worked for Unique Residential Care Center? Yes ___ No ___

When (give dates):

Position held:

EDUCATION:

High School

School Name

Highest Level Completed

College/University

School Name

Major

Highest Level Completed

Trade/Vocational School

School Name

Highest Level Completed

OTHER SPECIAL SKILLS: (fluency in language, computer skills, talents, etc.)

EMERGENCY CONTACT:

Name

Relationship

Telephone Number

REFERENCES:

If you are a high school student or younger, please provide two references from a teacher or employer. The references and application must be returned to this office before an interview will be scheduled. (The references may be returned with the application or separately.)

PARENTAL/GUARDIAN PERMISSION:

My son or daughter is in good health and has my permission to volunteer at Unique Residential Care Center and may be provided Emergency medical care if necessary when on duty at the facility. I realize the responsibility of the organization and will cooperate with my child to comply with its regulations, which includes coordinating transportation and seeing that my child faithfully maintains his/her schedule.

Parent/Guardian Signature: _____

Relationship to Minor: _____

Date: _____

Your signature below indicates that the facts contained in this application are true and complete to the best of your knowledge. If selected as a volunteer, falsified statements on this application shall be grounds for dismissal.

As a safeguard to health, I understand I will be required to pass a tuberculosis and background screening. The organization is not obligated to provide placement, nor are you obligated to accept the service position offered.

Applicant's Signature: _____

Date: _____

To be completed by the Volunteer Coordinator

Starting Date: _____ **Days:** _____

Department Assigned: _____ **Hours:** _____

VolSer Reviewed: _____