



VOLUNTEER APPLICATION/REGISTRATION FORM

Thank you for your interest in volunteering with The United Community Living Center!

Please note that the information given below will be used to match potential volunteers to the most appropriate roles available at the time of application to volunteer with Anytown Council.

PERSONAL DETAILS																			
Name: _____																			
Address: _____																			

Home Tel No: _____ Zip code: _____																			
Cell No: _____																			
Email address: _____																			

PLEASE TICK THE VOLUNTEER ROLES YOU WOULD BE INTERESTED IN:																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><i>Direct Service</i> <input type="checkbox"/></p> <p><small>(Directly with guests)</small></p> </div> <div style="width: 30%;"> <p><i>Indirect Service</i> <input type="checkbox"/></p> <p><small>(Behind the scenes)</small></p> </div> <div style="width: 30%;"> <p><i>Clinic</i> <input type="checkbox"/></p> <p><small>(medical background)</small></p> </div> </div>																			
PLEASE INDICATE THE AREA YOU ARE INTERESTED IN VOLUNTEERING IN: (Please circle all that apply)																			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Capitol Campaign</td> <td style="width: 33%;">Housing Navigation</td> <td style="width: 33%;">Community Collaboration</td> </tr> <tr> <td>Marketing/Social Media</td> <td>Programs/Services</td> <td>Community Donations</td> </tr> <tr> <td>Community Center Staffing</td> <td>Events/Fundraising</td> <td>Other: (please explain)</td> </tr> <tr> <td>Grant Writing</td> <td>Food</td> <td></td> </tr> </table>								Capitol Campaign	Housing Navigation	Community Collaboration	Marketing/Social Media	Programs/Services	Community Donations	Community Center Staffing	Events/Fundraising	Other: (please explain)	Grant Writing	Food	
Capitol Campaign	Housing Navigation	Community Collaboration																	
Marketing/Social Media	Programs/Services	Community Donations																	
Community Center Staffing	Events/Fundraising	Other: (please explain)																	
Grant Writing	Food																		
WHEN WOULD YOU BE AVAILABLE TO VOLUNTEER WITH US? (Please tick)																			
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday												
Morning																			
Afternoon																			
Evening																			
WHAT MOTIVATED YOU TO APPLY FOR A VOLUNTEER ROLE AT UCLC																			

WHAT PREVIOUS EXPERIENCE, PAID OR UNPAID DO YOU HAVE?

DO YOU HAVE ANY HOBBIES OR INTERESTS RELEVANT TO THIS VOLUNTEER ROLE?

WHAT SKILLS, KNOWLEDGE AND EXPERIENCE DO YOU FEEL YOU COULD BRING TO A VOLUNTARY ROLE IN OUR ORGANIZATION?

UCLC will make reasonable adjustments in making sure that our volunteering arrangements and premises do not put a person with a disability at a substantial disadvantage, compared with a person with no disability. Do you require any reasonable adjustments to enable you to enjoy equality of opportunity in seeking volunteering with UCLC?

Please specify:

PLEASE PROVIDE NAMES AND ADDRESSES OF TWO PEOPLE WHO WE MAY CONTACT FOR A REFERENCE. *(Someone who is not a relative, but has known you for at least 1 year within the last 5 years).*

REFERENCE 1		REFERENCE 2	
Name:		Name:	
Relationship to you:		Relationship to you:	
Job Title: <i>if relevant</i>		Job Title: <i>if relevant</i>	
Organization: <i>if relevant</i>		Organization: <i>if relevant</i>	
Address:		Address:	
Postcode:		Postcode:	
Tel No:		Tel No:	
Email:		Email:	

Signed _____ Date _____

Thank you for your interest, we will be in touch soon.
Please return completed form to:

Betty St. Hilaire
Executive Director
United Community Living Center
12 Spruce St Ste. #7
Augusta, ME 04330
207-242-6694
betty@uclcme.org



PLEASE NOTE:

All information received will be dealt with in confidence, and in line with our commitment to safeguard vulnerable groups.