



UNITED FRIENDS of the CHILDREN
Preparing Foster Youth for a Future That Works

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VOLUNTEER APPLICATION

Date: _____

Last Name: _____ Middle Initial: _____ First Name: _____

Home Address: _____

Business Address: _____

Home Phone: _____ Business Phone: _____

Email: _____ Fax: _____

Current Occupation: _____

Personal Information

Male/Female (circle one) Birthdate: _____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____

Driver's License # and State: _____

Do you have any physical restrictions we should be aware of? _____

Volunteer or Other Relevant Experience

Volunteer Interests at UFC

Education Program: _____

Housing Program: _____

Career Development: _____

Youth Services: _____

Special Events: _____

Skills, Hobbies and Interests

Education

H.S. Diploma: _____ College Degree: _____

Availability

Weekdays: _____ Weekends: _____ Evenings: _____