



# Volunteer Interest Form

Thank you for your interest in volunteering at the United Way of the Tri-Valley Area. This form is an opportunity for us to get to know you. It is used as part of our formal interview process to ensure our volunteers are a good fit for our organization, and the volunteer also has the most rewarding experience possible.

Today's Date: \_\_\_\_\_ Your Birthday (Year not required): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Availability: Start date \_\_\_\_\_

I am flexible (including evenings and weekends)

Weekdays

M, Tu, Wed, Thurs, Fri (please circle)

Times: 8 - 10, 10 - 12, 12 - 2, 2 - 4 (please circle) Other \_\_\_\_\_

Special Events Only

I am a University student seeking a  Practicum or  Internship

I am seeking volunteer hours through the ASPIRE program

I am required to perform community service. Number of hours \_\_\_\_\_

## Volunteer Interests:

general office work

campaign presentations (speaking to groups)

phone calling

graphic design/computer help

helping coordinate or work at special events such as auctions, golf tournaments, etc.

I would be interested in serving on the Board Of Directors in the future

directly helping community members \*\*\*

(such as delivering food, knitting blankets, reading to the visually impaired, etc.)

\*\*\* If you check here, do we have your permission to forward this information to an organization that is a more appropriate fit for your interests.

Please help us get to know you! What are your special skills or interests that may not be listed above?

Have you volunteered before? If so, where?

What do you hope to gain from your volunteer experience?

Please list two references we have permission to call:

Name	Phone Number	Relationship to Volunteer (Friend, family member, employer, etc.)
1.	_____	_____
2.	_____	_____

Emergency Contact information

Name	Phone Number	Relationship to Volunteer (Friend, family member, employer, etc.)
_____	_____	_____

Do you have any allergies or known medical issues you would want to share with us:

Yes \_\_\_\_\_  No

***Thank you for your interest in and commitment to the United Way!***

Please email this form to [info@uwtva.org](mailto:info@uwtva.org), fax to (207) 779-0577, or mail to PO Box 126, Farmington, ME 04938. Hand deliveries are always welcome as well. Our offices are located at 232 Broadway in Farmington.

***For office use only***

Notes:

Interviewed      date: \_\_\_\_\_

Code of Ethics      date: \_\_\_\_\_

Orientation      date: \_\_\_\_\_