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| United Cerebral Palsy of the Wabash Valley Volunteer Application | logo placeholder |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City, State ZIP Code |  |
| Home Phone |  |
| Cell Phone |  |
| E-Mail Address |  |
| How did you hear about us? |  |

## Availability

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

## Interests

### In which areas are you interested in volunteering?

|  |
| --- |
| Committee  |
| Program (Please circle or **bold**: Lending Library Medical Loan Independent Living) |
| Finance |
| Fundraising (Please circle or **bold**: Telethon Bar Stool Open Shadow Asylum, non-acting) Other  |
| Haunt |
| Other (Specify) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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## Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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## Previous Volunteer Experience

### What experience/training/skills do you possess that would be beneficial to the agency and the consumers we serve? (Check all that apply):

### \_\_\_\_\_ Clerical \_\_\_\_\_ Education \_\_\_\_\_ Financial / Fundraising

### \_\_\_\_\_ Planning / Policy \_\_\_\_\_ Public Relations \_\_\_\_\_ Healthcare

### \_\_\_\_\_ Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Person to Notify in Case of Emergency or Volunteer is a Minor

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City, State ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

By signing below, I affirm that the facts set forth are true and complete. I am either the participant named above or parent and or legal guardian of the minor participant named above. I understand that as a volunteer, I may be subject to dismissal at any time for any reason at the discretion of the event organizers. Participation can include foreseeable risks and hazardous activities. I freely and voluntarily participate/allow participation with my knowledge of the dangers involved and hereby agree to assume and accept any and all risk of injury, death, personal property loss and damage. The undersigned understands and acknowledges that UCP is not an insurer of any participant or patron behavior, action or result thereof and do not assume any liability whatsoever for personal injuries, property damage or other loss to participant or third party persons arising out of volunteers. I hereby agree to release, waive, covenant not to sue, indemnify and hold harmless UCP and their volunteers, employee’s and agents from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury including death, that maybe sustained or loss or damage to any property belonging to participant arising out of or related to participating volunteers in this event. I further understand that in my volunteer role I may be privy to confidential information including, but not limited to, sales information, statistical compilations, visitor information, consumer lists, financial statements, financial projections, business plans or results, listings and contractual obligations and terms thereof, components of intellectual property, unique designs, business processes and trade secrets. I agree that I shall hold such confidential information in strict confidence and in no way will disclose, transfer or in any way divulge, directly or indirectly, any of the confidential information, under any circumstances or by any means, to any third without the prior written consent of UCP. Should I breech any of my obligations under this agreement, UCP will be entitled to seek judgment for damages caused by the breech, and to any other remedies provided by law. I do not have any medical condition that would prevent participation in volunteering or require special accommodation. I am not prohibited by law or judicial order from participation in events involving minor children and do not have any case pending which could result in such a restriction.

|  |  |
| --- | --- |
| Name: | Date: |
| Signature: | Age: |
| Parent/Guardian Name: | Signature: |

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## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this application form and for your interest in volunteering with us. Please return the application (and resume, if appropriate) to:

United Cerebral Palsy of the Wabash Valley

621 Poplar Street Terre Haute IN 47807

Phone: 812.232.6305 Fax: 812.234.3683 E-Mail: info@ucpwv.org