

UCP of Metropolitan Dallas, Inc.
Life Without Limits for People with Disabilities

8802 Harry Hines Blvd.
Dallas, TX 75235
Ph: 214-247-4507 Fax: 214-367-4803

Volunteer Application

Thank you for taking time to complete this form to provide UCP an idea of what areas you might be most interested in working. If you have any questions, please call Jan Bragg at the number listed above. Otherwise, please return your completed form to the address above.

Name: _____ Nickname: _____

Address: _____ City _____ State _____ Zip _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

Employer or School (if applicable) _____

Address: _____ City _____ State _____ Zip _____

Approximately how many hours a week can you work at UCP? _____

How many days per week? _____ (mornings _____ afternoons _____ evenings _____)

Do you have transportation? Yes No

Please describe any volunteer experience you may have had: _____

Do you prefer to work with: children adults administration

Education: _____

Are you bilingual? If so, what language (s) do you speak? _____

General Health Condition _____ Limitations _____

Have you ever worked with people with disabilities? _____ If yes, where?

Please list hobbies, skills or special interests _____

Please list **two** local references:

Name _____ Relationship _____ H: Phone _____

Position/Company _____ W: Phone _____

Name: _____ Relationship _____ H: Phone _____

Position/Company _____ W: Phone _____

Emergency contact name _____ Relationship _____

Address _____ Phone _____

I hereby submit my application for a volunteer position with UCP of Dallas and agree to uphold and abide by the policies and procedures of the agency.

Signature

Date

The Community Council of Greater Dallas, an information and referral service, would like the following information about volunteers. Your role here will not be based on any of the following. It is used for statistical purposes only and is confidential.

| | | | |
|----------|----------------|---------------------------|--|
| Gender | Male Female | Do you consider yourself: | White African-American Hispanic Other |
| Disabled | Yes No | | |

For Office Use Only

Interviewed by _____ Date _____

Accepted as volunteer for Position _____

Supervisor _____

Orientation provided on _____ By _____

Training provided on _____ By _____

Follow-up Evaluation _____

Thank you for your time. Please return this form to:

Jan Bragg
HR Director
UCP of Metropolitan Dallas, Inc.
8802 Harry Hines Blvd. / Dallas, TX 75235-1716
or via FAX: (214) 367-4803

Volunteer Background Check

Individual:

PublicData.com:

Texas Dept of Public Safety:

Employee Misconduct Registry:

Nurse Aide Registry:

EMR Website Registry Check:

NA Website Registry Check:

DOB:

DL#

SS#

I have completed a background check using the resources listed above.

Human Resources _____ Date _____

I give my permission for UCP of Metro Dallas to do a background check on me.

Print name

SS#

Signed

Date

Address: _____

City: _____ State: _____

Phone: _____

Date of Birth: _____ DL#/State: _____