

# United Way of Northwest Michigan Volunteer Center

202 E. Grandview Parkway, Traverse City, MI 49684

[www.unitedwaynwmi.org](http://www.unitedwaynwmi.org)

(231) 947.3200 - [staff@unitedwaynwmi.org](mailto:staff@unitedwaynwmi.org)

## Volunteer Application

Name:	Date:
Date of Birth:	Phone:
Address:	Email Address:
City, State, Zip:	
Do you go away for the winter?	If so, when do you return?
Driver's License # and State:	

### Volunteer Interests and Skills

Help us connect you with the right volunteer opportunities to provide you with a quality experience by checking the box for all interests and skills that you have interest in and feel comfortable doing

#### Interests

##### EDUCATION

- Arts/Music
- Career Training
- Environmental
- Public Safety
- Youth Services

Other \_\_\_\_\_

##### INCOME

- Economic Opportunity
- Faith Based
- Poverty Reduction
- Special Events
- Veterans & Military Families

Other \_\_\_\_\_

##### HEALTH

- Disaster Relief
- Food/Nutrition
- Healthcare
- Home Improvements
- Recreation
- Senior Services

Other \_\_\_\_\_

#### Skills

- Ability to Lift Heavy Objects
- Childcare
- Counseling
- Construction
- Crafts
- Food Service
- Mailings
- Neighborhood Improvements
- Office Management
- Phone Calling
- Senior Care
- Special Events Crew
- Tutoring/Mentoring
- Other(s) \_\_\_\_\_

Do you have a specific agency, organization or group you are interested in volunteering with or currently volunteer for?

Do you have access to a vehicle you are able to drive in the course of your volunteering? YES  NO

Do you have any times when you are not available to volunteer? Please list below: \_\_\_\_\_

# CERTIFIED VOLUNTEER AGREEMENT

I volunteer my services through the United Way Volunteer Center and understand that I am not an employee of the agency or United Way. I hereby agree to regard all information learned and received in the performance of my volunteer work as confidential. I further agree to respect individual rights to privacy, as well as those of the family and/or the facility for whom I am volunteering.

I hereby grant permission to the United Way Volunteer Center to check with appropriate authorities (Courts, Police, and Department of Motor Vehicles) upon matters of record regarding background and history. Any information obtained will be strictly confidential.

I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal to the minimum limits required by our state.

I hereby consent to the use of my name and photograph by the United Way Volunteer Center and any agency for which I volunteer in any media and/or exhibits.

I designate the following individual(s) as my beneficiaries for United Way Volunteer Center insurance purposes:

Name(s)	Address	Relationship
1) _____	_____	_____
2) _____	_____	_____

My signature below confirms my acceptance of the Certified Volunteer Agreement and my participation as a Certified Volunteer for United Way of Northwest Michigan:

Volunteer Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Parent or Guardian Signature (if under 18 years old): \_\_\_\_\_

## *For Office Use Only*

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

Background check completed (check box to confirm) ICHAT  National Sex Offender Registry  Date: \_\_\_\_\_

Results (attach record, if any):

Insurance Information Received:

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_