

**CONFIDENTIAL
INFORMATION**



Office Use Only	
Received	_____
References	_____
Interviewed	_____
Driver	_____
	License / Insurance _____
Approve	_____
Database	_____
Committee(s)	_____

UCAN VOLUNTEER APPLICATION
(To be completed by all **DRIVING** volunteers)
PLEASE PRINT

Name _____ E-mail _____
Ms./Mr./Mrs. Last First Middle

Social Media Usage Facebook _____ Twitter _____ Linked In _____

Address _____
Street City State Zip

Date of birth _____ Languages Spoken _____
Month/Day/Year – (Must be at least 21 to drive for Caring Corps)

Phone Land Line (____) _____ Cell (____) _____ Best time to call: _____

Best Way to Contact YOU: Land Line _____ Cell _____ Text _____ E-mail _____ Regular Mail _____

Have you been a volunteer for other Urbandale organizations? _____ Yes _____ No What year(s)? _____
Please add pages as necessary for multiple organizations

Organization	Website	Contact Person
Phone	E-mail	Address

Are you currently employed? _____ Yes _____ No _____ Part-time _____ Full-time

PRESENT EMPLOYER/JOB TITLE, (if any) WORKING HOURS YEARS

Where is your NICHE? Please indicate committee areas of interest for more information

- Neighborhood Strengthening - includes: Friends of the Park** _____ Committee _____ Short Term Projects Only
- Infrastructure** _____ Committee _____ Short Term Projects Only
- Communications** _____ Committee _____ Short Term Projects Only
- Human Services, includes:
Caring Corps, Food Pantry, Leadership Urbandale, Character Counts** _____ Committee _____ Short Term Projects Only
- Events / Activities** _____ Committee _____ Short Term Projects Only

Volunteer Areas With Immediate Need:

_____ Transportation _____ Simple Maintenance _____ Yard Work _____ Committee Member _____ Office Assistance
_____ Food Pantry _____ Short Term Projects _____ UCAN Advisory Committee _____ Seasonal
(snow shoveling / mowing)
As needed

Availability: Please indicate hours below.

Monday	Tuesday	Wednesday	Thursday	Friday	Weekends

Please indicate times/seasons routinely unavailable, (Example: Travel South Every Winter for 4 months)

If Volunteering to Drive ONLY: Do you Drive _____ Car _____ Minivan _____ SUV _____ Truck _____ Other – please explain

References: List three persons we may contact who have definite knowledge of your qualifications representing personal character, employment or volunteer-related work and family relationships. Include complete addresses.

Reference 1:

Name _____ Phone (____) _____

Address _____

Street, Apt. # _____ City _____ State _____ Zip _____

Reference 2:

Name _____ Phone (____) _____

Address _____

Street, Apt. # _____ City _____ State _____ Zip _____

Reference 3:

Name _____ Phone (____) _____

Address _____

Street, Apt. # _____ City _____ State _____ Zip _____

Will you be driving a motor vehicle as part of your volunteer assignment?

_____ Yes _____ No (If yes, a copy of your valid driver's license and proof of liability insurance must be on file in the UCAN Office and updated each year or as needed.)

Have you ever been convicted of a criminal offense?

_____ Yes _____ No (If yes, please attach a sheet to explain.) A conviction will not necessarily disqualify an applicant. A conviction will be considered as it relates to the specifics of the position for which you have applied.

Volunteer Behavior Guidelines:

Families place trust in UCAN to provide quality leadership and care for all clients. The opportunity to work with UCAN is a privileged position of trust that should be held only by those who are willing to demonstrate behaviors that fulfill this trust. For these reasons, the following behavior guidelines are expected of volunteers working in all UCAN programs.

1. Treat others in a courteous, respectful manner demonstrating behaviors appropriate to a positive role model .
2. Obey the laws of the locality, state and nation and UCAN policies and guidelines.
3. Make all reasonable effort to assure that UCAN programs are accessible to all Urbandale citizens without regard to race, color, national origin, sex, religion, or disability.
4. Recognize that verbal and/or physical abuse and/or neglect is unacceptable in UCAN programs and report suspected abuse to the authorities.
5. Do not participate in or condone neglect or abuse, which happens outside the UCAN program to UCAN participants and report suspected abuse to authorities.
6. Operate motor vehicles (including machines or equipment) in a safe and reliable manner and only with a valid operator's license and the legally required insurance coverage.
7. Do not consume alcohol or illegal substances while volunteering.
8. Understand that all information obtained while assisting a UCAN client or staff person is to remain confidential.

I have read, understand and agree to UCAN Volunteer Behavior Guidelines.

I authorize UCAN to contact listed references, as well as any required background checks as reflected in the UCAN Policy & Procedure Manual.

I understand that I must be officially accepted before beginning my volunteer position. I understand that misrepresentation or omission of facts requested in this application is cause for rejection as an Urbandale Community Action Network, (UCAN), volunteer. I agree to fulfill the responsibilities of this volunteer position to the best of my ability if appointed. I understand that failure to comply with the rules may lead to dismissal from this position.

Signature _____ Date _____

Return the application at your earliest convenience to assure prompt processing. Please contact us if you have any questions or wish further information.

Return to: PO BOX 7615 – Urbandale, IA 50323 FAX: 515-331-3931 Or drop it at our office in Lion's Park Shelter at 72nd & Prairie