



Urbandale Community  
Action Network

# VOLUNTEER APPLICATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Education level: \_\_\_\_\_ Languages spoken: \_\_\_\_\_

Employer: \_\_\_\_\_ Certifications (CPR/First Aid): \_\_\_\_\_

Previous volunteer experience:

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Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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 you as an applicant. A background check is also completed after initial interview.

When are you available to volunteer? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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References: Please list three people who have definite knowledge of your qualifications. Please include email and phone!

- 1) Name \_\_\_\_\_ Email \_\_\_\_\_  
Phone \_\_\_\_\_ How are you acquainted \_\_\_\_\_
- 2) Name \_\_\_\_\_ Email \_\_\_\_\_  
Phone \_\_\_\_\_ How are you acquainted \_\_\_\_\_
- 3) Name \_\_\_\_\_ Email \_\_\_\_\_  
Phone \_\_\_\_\_ How are you acquainted \_\_\_\_\_



UCAN has been providing assistance to Urbandale residents in need for 20 years! Our services started out by providing assistance to senior citizens, but have expanded over the years to include multiple programs for youth in need, at-risk teens and families in need.

## What area of UCAN do you want to volunteer in? (Circle all that apply)

**Youth Programming:** Mentor Programs    At-Risk High School Student Support  
Summer Lunch Program    Back to School event & School Supplies    Winter Clothing Drive/Shoes That Fit

**Senior Services:** Transportation  
Senior Companion    Yard Clean-Up    Senior Outreach/Santa for Seniors    Phone-a-Friend

**Family Services:**  
ESL Classes    Holiday Assistance    Mentor Programs    Emergency Assistance

**Organizational Programs:**  
Special Events    Fundraising    Marketing    Office volunteer

## VOLUNTEER CONFIDENTIALITY STATEMENT

I agree that I shall hold in confidence all information regarding clients of the Urbandale Community Action Network (UCAN). I will not violate the confidential relationships between the programs, clients, staff and volunteers.

I will not remove any written clients records or copies from the UCAN office.

I accept full responsibility for maintaining the confidential and private nature of all client records and information. I understand that I can discuss the client cases assigned to me with UCAN staff, office volunteers, board and other volunteers identified by UCAN staff. I understand that I can only discuss the client without other agencies with authorization from the client and UCAN unless it involves a criminal offense/injury/death.

I understand a breach of this agreement could result in the immediate termination of my volunteer position with UCAN.

\_\_\_\_\_  
Volunteer name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer signature