



Volunteer Interest Form

CONTACT INFORMATION

Today's Date: _____

Name: _____

Email: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

I preferred to be contacted by – Check Preferred: Home Phone Cell Phone Email Text

I affirm that I am over the age of 18 (if under 18, parental permission will be required to volunteer. Some volunteer opportunities may not be available to minors.)

Have you ever volunteered with or used a United Through Reading Program? Yes No

Where: _____

When: _____

In what capacity:

- Regional Volunteer
- Active Duty Coordinator
- Homefront Coordinator
- Recorded DVD
- Recipient of DVD

Types of Volunteer Activities I could perform:

- Speaking in front of a large audience (50-150 people)
- Speaking in front of a medium audience (15-50 people)
- Speaking in front of a small group (<15 people)
- Answering questions at a table or booth
- Graphics/publishing
- Social Media (Facebook/Twitter/LinkedIn)
- Event Planning (Storybook Ball)
- Coordinating a Virtual Book Drive
- Data Entry
- Office Administration Work
- Blogging

How did you hear about our volunteer opportunities?

What are your volunteer interests or goals?

Describe current/previous volunteer activities:

I am looking to volunteer – check all that apply:

- On an ongoing basis
- One time only
- To fulfill mandated volunteer service for
 - Community Service
 - Court Ordered
 - Internship/Work Study
 - School

Number of hours mandated _____

Due by _____

I am currently – check all that apply

- Volunteering
- Employed outside the home
- Seeking employment
- A Student
- Other (please specify) _____



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EXPERIENCE – Starting with current/most recent

Organization: _____

Position: _____

Dates: _____ Location: _____

Volunteer Employee

Organization: _____

Position: _____

Dates: _____ Location: _____

Volunteer Employee

Organization: _____

Position: _____

Dates: _____ Location: _____

Volunteer Employee

REFERENCES

Please list two people not related to you that we may contact as a reference

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Email: _____

How long have you known this person: _____

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Email: _____

How long have you known this person: _____

I certify that all information on this form is true and complete. I give permission for United Through Reading to verify all information and authorize past employers/organizations/references to supply information and answer questions related to my connection with them.

Printed Name

Signature

Date