

Tucson Urban League, Inc.
Volunteer Application Form

I Personal Information

Name: _____ Phone #: (H) _____ (W) _____

Address: _____
Street City State Zip

Contact in Emergency: _____ Phone No.: _____

II Skills and Interest

Current/Most Recent Occupation: _____

Education Background: _____

Hobbies/Interest/Skills: _____

Previous Employment Experience: _____

**IS THERE A PARTICULAR TYPE OF VOLUNTEER WORK WHICH YOU ARE INTERESTED?
(CHECK ALL THAT APPLY)**

- | | |
|---|--|
| <input type="checkbox"/> Working one-on-one | <input type="checkbox"/> Working with small groups |
| <input type="checkbox"/> Working with staff as an assistant | <input type="checkbox"/> Public speaking, fund raising |
| <input type="checkbox"/> Providing general administrative support | <input type="checkbox"/> No Preferences |
| <input type="checkbox"/> Doing research, teaching | <input type="checkbox"/> Other _____ |

**IS THERE A PERSON OR GROUP WITH WHICH YOU ARE PARTICULARLY INTERESTED IN
WORKING WITH? (CHECK ALL THAT APPLY)**

- | | | | |
|-----------------------------------|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Seniors | <input type="checkbox"/> Females | <input type="checkbox"/> Agency Staff |
| <input type="checkbox"/> Children | <input type="checkbox"/> Teens | <input type="checkbox"/> Males | <input type="checkbox"/> Other |
| <input type="checkbox"/> Disabled | | | |

ARE THERE ANY CLIENTS YOU DO NOT FEEL COMFORTABLE WORKING WITH? ___Yes ___No

III AVAILABILITY

At what times are you interested in volunteering?

- | | | | |
|--|-----------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> A Flexible Schedule | <input type="checkbox"/> Weekdays | <input type="checkbox"/> Days | <input type="checkbox"/> Other |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Evenings | | |

DO YOU HAVE GEOGRAPHIC PREFERENCES AS TO WHERE YOU DO YOUR VOLUNTEER WORK?

No Yes _____

IV REFERENCES

HOW DID YOU HEAR ABOUT US? _____

List names and phone numbers of two personal references

Name _____ Phone No. _____

Name _____ Phone No. _____

Thank You!

Rev. 9/24/04