



# Volunteer Application – Corporate

\_\_\_ Yes, my company or group wants to volunteer to help the homebound through United HomeCare Services' Volunteer Program.

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

We are interested in the following volunteer opportunities:

\_\_\_ **Special projects:**      \_\_\_ Spring baskets      \_\_\_ Summer Baskets  
    \_\_\_ Fall/Winter baskets      \_\_\_ Greeting cards  
    \_\_\_ Special events for group housing residents\*  
 \_\_\_ **Companionship: Visiting the elderly and/or disabled\***  
 \_\_\_ **Minor repairs\***  
 \_\_\_ **Telephone contact**

\*Requires a background check prior to volunteering.

In cases where your company wishes to volunteer by interacting with a client, **each** member of your company's volunteer team will be required to complete the following and agree to a background check. This is required by law and protects both you and UHCS' clients.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 D.O.B.: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Please list three references:

Name \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Name \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Have you ever been arrested, convicted, adjudicated guilty, or adjudication withheld (including Nolo Contendere) for an offense other than a minor traffic violation?

\_\_\_ No \_\_\_ Yes – explain \_\_\_\_\_  
 \_\_\_\_\_

Please complete this form and return it to:

United HomeCare Services, Customer Care Center  
 8400 N.W. 33<sup>rd</sup> Street, Suite 400  
 Miami, FL 33122  
 E-mail: customerservice@unitedhomecare.com  
 Fax: (305) 468-0845

Or call us at **(305) 716-0710** and a representative will help you complete this form over the telephone.