



Volunteer Application - Individual

Experience the joyful rewards of helping others.

Name: _____
Address: _____
Telephone: _____ Email: _____
D.O.B.: _____ Social Security #: _____

I am interested in the following volunteer opportunities:

- Companionship/Home Visit Computer Ed. & Assistance Caregiver Resource Center
 Telephone Reassurance Office Assistance Chores or Housekeeping
 Community Phone Bank Minor Repairs Special Projects

Please indicate your choices of days and times when you can volunteer:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Please list three references:

Name _____ Telephone: _____
Name _____ Telephone: _____
Name _____ Telephone: _____

Have you ever been arrested, have had adjudication withheld, or been adjudicated guilty, plead guilty or Nolo Contendere (“No Contest”), been declared or found guilty of a criminal offense, including any criminal traffic offense, but not including a non-criminal traffic violation?

No Yes - Explain by providing the name (classification) of the criminal offense (including traffic criminal offense) arrested for, date(s) of the arrest, the outcome (the “disposition”) of your case, the date(s) your case was closed, the city, county, and State of the arrest and if you have it, the case number of your matter.

Please Consent:

Yes, I want to volunteer to help United HomeCare Services (“UHCS”) Volunteer Program. I understand that some volunteer programs require a background check prior to involvement and agree to have same conducted. I consent to a background check and authorize UHCS to obtain all personal information necessary to conduct a background check.

By signing I acknowledge the above information is true and correct:

Signature

Date

Please complete this form and return it to:

United HomeCare Services, Volunteer Department, 8400 NW 33rd Street, Suite 400, Miami, FL 33122
customerservice@unitedhomecare.com
Fax: 305-468-0845 | Phone: 305-716-0710