



Volunteer Application - Corporate
Experience the joyful rewards of helping others.

Organization: _____
 Address: _____
 Contact: _____
 Telephone: _____ Email: _____

Our organization is interested in the following volunteer opportunities:

- | | | |
|---|--|--|
| <input type="checkbox"/> Companionship/Home Visit | <input type="checkbox"/> Computer Ed. & Assistance | <input type="checkbox"/> Caregiver Resource Center |
| <input type="checkbox"/> Telephone Reassurance | <input type="checkbox"/> Office Assistance | <input type="checkbox"/> Chores or Housekeeping |
| <input type="checkbox"/> Community Phone Bank | <input type="checkbox"/> Minor Repairs | <input type="checkbox"/> Special Projects |

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

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Have your employees participating in United HomeCare’s Volunteer Program 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, our organization agrees to volunteer to help United HomeCare’s Volunteer Program. I understand that some volunteer programs require a background check prior to involvement and agree to have same conducted. I consent for our employees to have a background check and authorize UHC to obtain all personal information necessary to conduct a background check.

By signing your organization acknowledges the above information is true and correct:

Signature

Date

Please complete this form and return it to:
 United HomeCare, Volunteer Department
 8400 NW 33rd Street, Suite 400 | Miami, FL 33122
 customercare@unitedhomecare.com
 Fax: (305) 468-0845 | Phone: (305) 716-0710