



# Volunteer Application - Individual

*Experience the joyful rewards of helping others.*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**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’s 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 UHC 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, Volunteer Department  
8400 NW 33<sup>rd</sup> Street, Suite 400 | Miami, FL 33122  
customer@unitedhomecare.com  
Fax: (305) 468-0845 | Phone: (305) 716-0710