United Way Office Volunteer Application

Name:		Date:	
Address:		Phone No:	
Email:			
Please des	scribe your primary area(s) of interest	t.	
Hours Days_ Weeks Other_	e commitment could you make? S	18 19 26 45 61	r's Age Range or under -25 -44 -60 +
Are there	certain times of the year you are not	avanable?	
	refer working with children, you Others It doesn't ma		as teenagers, older
Do you pr	refer working with other people or mo	ore on your owr	n?
Are you n	nost interested in inside or outside act	tivities?	
Do you ha	ave any physical limitations that need	to be considered	ed in what you can do?
Are there	certain activities you would <u>never</u> co	nsider?	
Do you pr	refer office type work or more active	assignments?	
Are you c	omputer literate?To what	extent? I know	how to turn it on.
Are you fa	amiliar with other standard office equ	nipment? (Xero	x, fax, etc.)
If there is	a training period, are you willing to i	nvest time for t	his?
Do you ha	we your own transportation?		
Are you in	nterested if some travel is involved?(Such as a 20 mi	le radius around Stillwater)
_	is information may be provided to rmation about clients and donors c	_	ng volunteers. I agree to
Initials	Sionature	Date	Interviewer's Initials