

**United Way of Hudson County  
Volunteer Application**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

\*UWHC will add your information to our mailing list.

How did you learn about our volunteer opportunities?

\_\_\_\_\_

Are you 18 years of age?      Yes  No

Are you representing a larger group?      Yes  No

If yes what is the name of your group, school or organization?

\_\_\_\_\_

Preferred Volunteer Area:

**Community Services:**

Painting, gardening, cleanup  
 Literacy and education  
 Food and hunger

**Fundraising:**

Assisting, coordinating  
 Grant writing  
 Event planning, support

**Administrative Support:**

Data entry, filing, etc.  
 Volunteer coordination  
 Reception

Other ideas or focus: \_\_\_\_\_

Please indicate any particular skills, talents or training you have:

\_\_\_\_\_

Languages you speak:

\_\_\_\_\_

Can you read and translate that language?    Read                       Write

Have you ever volunteered in any capacity?    Yes                       No

If so, where? \_\_\_\_\_

Are you currently employed?    **FT**  **PT**  **Self**  **Retired**  **Unemployed**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Next to the days of the week, specify the times that you are available to volunteer. (Many of our activities take place in the evenings)

**Monday**      **Time Available** \_\_\_\_\_  
**Tuesday**     **Time Available** \_\_\_\_\_  
**Wednesday**   **Time Available** \_\_\_\_\_  
**Thursday**     **Time Available** \_\_\_\_\_  
**Friday**        **Time Available** \_\_\_\_\_  
**Saturday**     **Time Available** \_\_\_\_\_  
**Sunday**        **Time Available** \_\_\_\_\_

**Liability Disclaimer**

By submitting this application, I confirm that all of the above information is correct. I agree to hold harmless and indemnify United Way of Hudson County, Hudson Council of Social Agencies and any other affiliates or subsidiaries from any and all claims (UWHC), suits, causes of action and liability arising out of any claims, suits or causes of actions of any kind. I realize that UWHC will not be held responsible for any accident or injury that may occur while I am a volunteer. I understand that I will receive no compensation of any kind for services performed.

I certify that I am over 18 and in good health, able to participate in the selected volunteer activities, and competent to enter this release. (Volunteers under 18 years of age must have a parent or primary caregiver complete and sign a consent form.)

**Confidentiality disclaimer**

I agree and maintain the confidentiality of all company information available to me through my position and uphold a professional relationship with all UWHC staff and participants while I am a volunteer with this organization.

Volunteers working with minors must complete additional paperwork.

Person to contact in case of an emergency:	
Name: _____	Relationship: _____
Address: _____	Home Phone: _____
Cell phone: _____	

I have read, understood, consent to, and have had the chance to ask questions regarding this agreement.

**Applicant signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

UWHC Representative: \_\_\_\_\_

**UWHC Volunteer Services Parental Consent Form**

(For volunteers under age 18)

United Way of Hudson County and our affiliated or subsidiary agencies are delighted that your child is interested in volunteering his/her time with us. We are sure that the experience will be both beneficial to them and enjoyable. Rest assured that your child’s safety and wellbeing will be closely monitored and nurtured. Your child will be matched with age appropriate activities and supervision to ensure their safety.

In order for your child to become a volunteer at UWHC, we need your consent. Children under 12 years old may not be old enough to participate in most activities. While we can accommodate children in many areas, sometimes parental involvement may be required to enable your child to enjoy a safe, age appropriate volunteer experience. We also encourage your involvement to increase your child’s belief in the value of working to help others.

**Please read and initial each statement before signing.**

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ I understand that my child wishes to be considered for volunteer work and I hereby give my permission for my child to serve in that capacity at UWHC.

\_\_\_\_\_ I understand that UWHC will determine, in its sole discretion, whether a particular assignment is appropriate for my child. My child may be reassigned to a different department or a new assignment as appropriate.

\_\_\_\_\_ I understand and agree to hold harmless, UWHC, Hudson Council of Social Agencies, the Board of Trustees, and staff in the event of an accident or injury which results from volunteer work.

\_\_\_\_\_ I understand that my child will be in a supervised environment. UWHC will determine the level of supervision required in a case by case basis. Supervision may include staff, volunteers, parents, teachers, or group leaders.

\_\_\_\_\_ I understand that depending on the age of my child, some activities may require parental participation; therefore, I agree to be attentive when volunteering with my child.

\_\_\_\_\_  
Name of Parent/guardian (print)

\_\_\_\_\_  
Parent/guardian (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
UWHC Representative (signature)