

United Action for Youth

Adult Volunteer Application

Name _____	Date _____	DOB _____
Address _____	City _____	Zip _____
Phone (h) _____	(c) _____	(w) _____
E-mail _____	How often do you use email? _____	

1. How did you find out about UAY's volunteer program? _____
2. How long will you be in the Iowa City area? _____
3. Are you available in the summer? _____
4. Why are you interested in volunteering in UAY?

5. What age group are you most comfortable working with? (please circle all that apply)

0-4 years infant-preschool	6-11 years elementary	12-14 years junior high	14-18 years high school
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6. Do you speak any other languages? _____
7. Do you have a car? _____ Valid driver's license? _____ Auto Ins.? _____

8. Please describe any education, employment, or volunteer experience related to working with children or teens:

9. List any particular skills, talents, or interests that you would bring to UAY:

10. What days and times are you available to volunteer? Fill in available times below.

**Most of our volunteer opportunities are between 2:00 and 8:00 pm*

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

References: Please give two professional (paid and/or volunteer) and two personal (non-relative) references who have know you at least one year. Please include full address, including zip code, as we mail out our reference checks.

Professional: (please list past employer)

1. Name _____
Agency/Position _____
Address _____
City _____ State _____ Zip _____
Phone _____

2. Name _____
Agency/Position _____
Address _____
City _____ State _____ Zip _____
Phone _____

Personal:

3. Name _____
Agency/Position _____
Address _____
City _____ State _____ Zip _____
Phone _____

4. Name _____
Agency/Position _____
Address _____
City _____ State _____ Zip _____
Phone _____

Thank you for your interest in helping the young people of our community. Please return the completed application to:

United Action for Youth
410 Iowa Ave.
Iowa City, IA 52240
(319) 338-7518