

United Neighborhood Centers of Northeastern PA 425 Alder Street Scranton, PA 18411 (570)346-0759, X 114

Fax: (570) 207-4242

Email: ndressel@uncnepa.org

Volunteer Application Form

Please complete and return to:

Nancy Dressel United Neighborhood Centers 425 Alder Street Scranton, PA 18411 ndressel@uncnepa.org

Contact Details:

Name:		
Male/Female (Please o	circle)	
Home Address:		
_		
Date of birth:	Home Tel No:	Mobile No:
Email:		
List Any Previous or Organization	Current Volunteer Experience: Position/Major Responsibility	Dates of service (mm/yy) From: To:
1		
List Your Employmen	t/Training Background: Position/Major Responsibility	
1		
2		
3		
4		

Employer's Name	Work Address
Work Phone	Work email
Would you like us to keep	your employer abreast of your volunteer service and achievement? No
Yes	
Which volunteer roles are	e you interested in? You can select more than one option:
Young Professionals Auxilia	ary Board
Special Events Committee	
What attracts you to volu	nteering at UNC?
What are your hobbies ar	nd interests?
Describe your relevant Vo	olunteer/ Work experience:
List the skills/qualities th	at you will bring to the roles you are interested in:

AVAILABILITY The UNC volunteer shifts will be flexible to fit your lifestyle and availability. Please outline how much time you can commit to volunteering at UNC: Please indicate in the grid below, which times of the week suit you best to meet: Morning Afternoon **Evening** Monday Tuesday Wednesday Thursday Friday Saturday Please provide details of two referees (not relatives) who we will be contacting as part of the selection process: Reference 1 Reference 2 Name: Name: Occupation: Occupation: Address: Address: Zip code: Zip code: Phone No: Phone No:

Email:

Date:

Email:

Signed: