

United Way of Benton & Franklin Counties
Volunteer Application



United Way of
 Benton & Franklin Counties
 (M.I.) _____

Volunteer Contact Information

Name: (Last) _____ (First) _____ (M.I.) _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Date of Birth (Required if under 16): ____ / ____ / ____
 Phone Number: _____ Cell: _____
 Best time to reach you: _____
 Emergency Contact: _____ Phone Number: _____

Volunteer Availability

For each day of the week, please note your preferred time(s) of day to volunteer. The United Way is open from 8 a.m. to 4:30 p.m. Monday through Friday.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Mid-day					
Afternoon					
All Day					
Not Available					

How much time do you want to commit? (circle one) 1 day 1 week 1 month 6 months 1 year indefinite

Volunteer Interests and Abilities

Please mark the areas in which you would like to volunteer: _____

- ___ Office (e.g. Bulk Mailings)
- ___ Clerical (e.g. Auditing)
- ___ Grounds Keeping (e.g. Painting, Cleaning, Building Maintenance)
- ___ Landscaping (e.g. Trimming Trees/Shrubs, Weed Pulling)
- ___ Fundraising (e.g. Campaign Support, Loaned Executive)

Please list any education, work experience, skills, abilities, or talents you would like to contribute to United Way: _____

Volunteer Code of Ethics

United Way of Benton & Franklin Counties (UWBFCO) is committed to the highest ethical standards. Based on the unique trust placed in UWBFCO to serve the public good, we have a special obligation to act ethically. The success of the United Way system and our reputation depend upon the ethical conduct of everyone affiliated with UWBFCO.

I will avoid any conflict of interest or the appearance of a conflict of interest that could tarnish the reputation of UWBFCO, as well as undermine the public's trust in UWBFCO. I will report any conflicts of interest I may have to my coordinator as soon as they are known to me.

I understand that while volunteering for UWBFCO I may work with information that is confidential, privileged or nonpublic. I agree not to disclose this sensitive information. I also agree to respect the privacy rights of all individuals in the performance of their UWBFCO duties.

 Print Name

 Signature

 Date