



IMPACT After-School Volunteer Application

Contact Information

Name

Street Address

City ST ZIP Code

Phone

E-Mail Address

Availability

Which evenings are you available?

Monday

Thursday

Tuesday

Friday

Wednesday

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Person to Notify in Case of Emergency

Name

Street Address

City ST ZIP Code

Home Phone

Work Phone

E-Mail Address

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)

Signature

Date

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Urban Erie Community Development Corporation
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