



United Mission for African Children

Volunteer Application

First Name:Last Name:

Address:City/State/Zip:.....

Telephone:Social Security:

Date of Birth:Email Address:

Gender:

Nationality/Race:.....

Education:

Last School Attended: City/State:
Degree/Area of Study: Graduation Date:

Employment History:

Employer Name:.....Address:

Position: Dates of Employment:

Previous Employer: Address:

Position: Dates of Employment:

Previous Employer: Address:

Position: Dates of Employment:

Do you speak any additional languages? If so, please indicate other languages spoken?

Volunteer availability:

Please indicate the number of days/week you are available to volunteer?

Monday Tuesday Wednesday Thursday Friday No Preference



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How many hours per week are you available to volunteer?

Have you ever plead guilty or nolo contender to a felony or have a pending criminal case?

Please indicate any specific skills, trainings or certifications:

Volunteer Interests:

Clerical Fundraising Mentoring/Chaperoning teaching/for youth leadership classes

Media Administrative Activity Coordinator Other

In an emergency, notify:

First Name Last Name

Address

City/State/Zip Telephone

.....

(Signature/Volunteer) (Signature/Staff) (Date)

Thank you for your interest in joining UMAC and making a difference in the lives of our youth!
Together we will change the world!