



VOLUNTEER APPLICATION



Please fill out clearly and return to UCP of Western Massachusetts.

All volunteers must be over the age of 16, proof of vaccination and masked at all times.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

AVAILABILITY - Check all that apply.

WEEKDAY MORNINGS

WEEKEND MORNINGS

WEEKDAY AFTERNOONS

WEEKEND AFTERNOONS

WEEKDAY EVENINGS

WEEKEND EVENINGS

INTERESTS - Check all that apply.

FRONT DESK SUPPORT

BERKSHIRE TALKING CHRONICLE

SPECIAL EVENTS

RADIO TECH TRAINING

OUTREACH PLANNING

RADIO SPECIAL PROGRAMMING

FUNDRAISING

RADIO CLERICAL SUPPORT

SPECIAL SKILLS OR QUALIFICATIONS

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

PREVIOUS VOLUNTEER EXPERIENCE

Summarize your previous volunteer experiences.

IN CASE OF EMERGENCY

NAME: _____ PHONE: _____

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 will result in immediate dismissal.

SIGNATURE: _____ DATE: _____

PARENT OR GUARDIAN IF APPLICABLE.

OUR POLICY

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

Thank you for your interest in volunteering with UCP of Western Massachusetts.





VOLUNTEER EXPECTATIONS

Please take a moment to review each of the volunteer expectations.
Please initial where asked.



FRONT DESK expectations include:

- Answer and transfer calls using excellent phone etiquette (Don't worry. We will train you on operation of the phone system.)
- Answer the doorbell following UCP safety rules
- Remain at UCP office for duration of volunteer shift
- Be attentive to the needs of UCP visitors and staff
- Schedule appointments
- Data entry - Must have basic computer skills including Microsoft Outlook, Excel and Word
- Help with DME equipment (ie. walkers, wheelchairs, shower chairs etc.) with ability to lift 5-10lbs.
- Maintain emergency manual in the event of an emergency evacuation
- Once trained, have ability to work independently
- Ability to use office equipment like computers/telephones/copier/fax machine with or without reasonable accommodation

MUST ENJOY HELPING OTHERS!

INITIALS: _____

BERKSHIRE TALKING CHRONICLE expectations include:

- You will read at the agreed upon times and dates. INITIALS: _____
- You will notify the office when you are unable to read / be at the station at the assigned time. INITIALS: _____
- If you miss three consecutive times, you will no longer be a volunteer. INITIALS: _____
- You agree to read on air as professionally as possible. INITIALS: _____
- You agree to be trained on the equipment. INITIALS: _____
- You agree to notify staff if equipment has any issues. INITIALS: _____
- The material is read AS PRINTED. It is not subject to change except for clarity or grammar. INITIALS: _____
- You might be reading articles that do NOT coincide with your beliefs or triggers. INITIALS: _____
- You agree to read without editorializing or offering your opinion. INITIALS: _____

SPECIAL EVENTS expectations include:

- **Be polite** - The people you might be engaging with could be donors, members or corporate sponsors.
- **Buddy system** - Typically we will place you at a station with another volunteer.
- **Smile!** - You are helping members with disabilities lead a life without limits. It's great stuff!
- **Attire** - We will instruct you on what to wear for each event.
- **Don't know what to do?** - Ask a member of the staff.

INITIALS: _____

CORI/SORI POLICY

I understand and acknowledge that any offer of volunteer placement is conditional upon UCP of Western Massachusetts being completely satisfied with the information provided as a result of a CORI/SORI background check.

SIGNATURE: _____ DATE: _____

PARENT OR GUARDIAN IF APPLICABLE.