



UWBA VOLUNTEER APPLICATION

Personal Information

Last Name	First	Middle	Telephone
Street Address	City	State/Zip	Cell Number
Email Address	Have you ever been convicted of a crime? YES / NO If yes, describe in full:		Have You Ever Been Employed By This Agency? YES / NO

Volunteers must also complete Act 31 Recognizing and Reporting Child Abuse training which can be completed for free at www.reportabusepa.pitt.edu.

Experience (Most recent first. Include voluntary work and military experience. Attach extra sheets if necessary.)

Employer	Telephone	From (month/year)
Address	To (month/year)	
Job Title		
Specific Duties		
Employer	Telephone	From (month/year)
Address	To (month/year)	
Job Title		
Specific Duties		
Employer	Telephone	From (month/year)
Address	To (month/year)	
Job Title		
Specific Duties		

Special Skills

List any special training, skills, or abilities relevant to volunteering with the UWBA.

References (List 3 persons, not related to you, whom you have known for at least one year)

Name	Telephone	Years Known

Signature _____ Date _____