



Urban Indian Center of Salt Lake

Mission: "Serving The People by honouring Native cultures, strengthening health and wellness programs and cultivating community"

VOLUNTEER APPLICATION FORM:

The Urban Indian Center of Salt Lake (UICSL) encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Thank you for your interest in our organization!

PERSONAL / CONTACT DETAILS:	
Date of Application:	
First and Last Name:	
Mailing Address:	
Phone 1:	
Phone 2:	
Email address:	
Preferred method of contact:	
Emergency Contact Details:	
Name:	
Relationship to you:	
Phone 1:	Phone 2:
REFERENCES: <i>Please provide the name and contact details of at least two references:</i>	
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Phone1:	Phone2:
Relationship to you:	
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Phone1:	Phone2:
Relationship to you:	

INTERESTS: Please tell us in which areas you are interested in volunteering:

Please tick any of these skill areas if they relate to you:

-
-
-
-
-
-

Please list any previous experiences in the above interests in the space below:

Languages spoken

Other voluntary work

Hobbies / Interests

Any special talents or skills you have that you feel would benefit our organization?

Please indicate the days you are available: MON TUES WED THURS FRI SAT

Times available: From _____ To _____

Where did you hear about us?

Privacy statement:

The personal information on this form is being collected for the purposes of recruiting and selecting volunteers wishing to volunteer with the UICSL. The information may also be required for evaluation purposes. Any evaluation reports developed will not identify individual volunteers by name. This information may be shared with X **Program partner organizations and funding bodies.**

By signing this form:

I attest that the information supplied is true and accurate.

I hereby give my consent to contact my references; and agree to obtain a background check.

I understand that submitting this application form does not automatically register me a volunteer but that there is a selection process including completion of a satisfactory background check and participation in training. I confirm that I am willing to volunteer for at least a six month period. As a volunteer of UICSL, I agree to abide by the UICSL policies and procedures. I understand that I will be volunteering at my own risk and that the UICSL, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the UICSL. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____

Print Name:

Date:

The Urban Indian Center of Salt Lake is committed to the safety and wellbeing of all children and young people accessing our service. We support the rights of the child and will act without hesitation to ensure a child-safe environment is maintained at all times. We also support the rights and wellbeing of our staff and volunteers and encourage their active participation in building and maintaining a secure environment for all participants.