



**UNITED COMMUNITIES  
AGAINST POVERTY, INC.**

*"Changing The World by Empowering People"*

**Volunteer Application and Agreement Form  
1400 Doewood Lane  
Capitol Heights, Maryland 20743**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ Tele: \_\_\_\_\_ (H); \_\_\_\_\_ (O)

\_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ EMAIL: \_\_\_\_\_

Previous Address if less than 5 years: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Emergency

Contact: \_\_\_\_\_

(Name)

(Tele. No.; Indicate Home, Work or Cell)

(Relationship)

Have you ever been adjudged civilly or criminally liable for abuse of an individual with disabilities? No \_\_\_  
Yes \_\_\_; Have you been convicted of a crime? No \_\_\_ Yes \_\_\_ If yes, please describe:

\_\_\_\_\_

**BACKGROUND CHECK:** UCAP, Inc. requires volunteers and/or group point of contact working with individual consumers to submit to a background check. Criminal conviction does not necessarily bar an applicant from volunteering. The nature of the offense will be taken into consideration before a decision is made. There is no fee on the part of the volunteer for the background check. Screening must be completed before volunteers begin working.

\_\_\_ I agree to have a background check.

As an individual or organization point of contact volunteer for United Communities Against Poverty (UCAP), Inc., I agree to abide by all applicable rules and regulations of the agency. I understand that I will receive no monetary benefits in return for volunteer service and that UCAP may terminate this agreement at any time without prior notice for any reason. I hereby authorize UCAP to check my references if needed, and I understand that a criminal background check is required.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any **misrepresentation or omission** of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and eligibility for volunteer work will be determined. I agree to an interview with the Volunteer Services Manager and attend the on-site orientation prior to performing the volunteer role.

I hereby Release and Waive liability against UCAP, Inc., a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or dependent may suffer in connection with any volunteer work for UCAP, Inc. Further, I agree that UCAP, Inc., is not liable for any damage to my property or my dependent's property resulting from volunteer work for UCAP. I agree that this release is as broad and inclusive as permitted by the laws of the State of Maryland.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**UCAP Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_