

United Way of Sullivan County
33 Lakewood Avenue
P.O. Box 1036
Monticello, NY 12701



unitedwayofsullivancounty@gmail.com

Tel. (845) 794-1771
Fax (845) 791-4205

VOLUNTEER & WORK PROGRAM PARTICIPANT FORM

To be filled out by all volunteers, work program participants and community service participants.

Today's Date _____

Name _____

Address _____

Phone Number(s) _____

Date of Birth _____ Sex _____

Agency/ School/ Program Referral _____

Occupation or
Previous Occupation (if applicable) _____

Skills/Interests _____

Do you have any physical disabilities or limitations we should be aware of _____

Have you ever been convicted of a felony _____

Emergency Contact Information

Name _____

Address _____

Phone (s) _____ Relationship _____

Optional

Name of primary physician _____

Phone number of primary physician _____