



**United Way of Cumberland County  
2023 Community Impact Review Panel (CIRP)  
Volunteer Registration Form**

**I. Volunteer Contact Information:**

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**II. Review Panel Volunteer Orientation Workshop (MANDATORY for NEW Community Impact Review Panel Volunteers):**

The Orientation Workshop will be held **Thursday, March 30, 2023, 11:00 am until 12:30 pm in FTCC General Classroom Building Room 108 located at 2817 Fort Bragg Road.**

**III. Community Impact Review Panel Preference (see attached CIRP Meeting Dates):**

To assist us in making Review Panel assignments, please indicate in number preference (1-3) which panel you would prefer to serve on. 1 is most preferred and 3 is least preferred. **If you served on a panel last year please indicate that panel using the (\*) symbol and consider a different panel as one of your choices. If you would like to serve on more than one panel please indicate using the symbol (&).** NOTE: Some panels may gain additional programs to be reviewed, in the event that happens you will be informed in your confirmation letter.

\_\_\_\_\_ Panel One: Adult Day Vocational Program & Warrior Bridge Project

\_\_\_\_\_ Panel Two: Youth Intervention/Prevention Programs & Domestic Violence Advocacy

\_\_\_\_\_ Panel Three: Diabetes Self-Management Program & Emergency Medical Direct Aid

\_\_\_\_\_ Panel Four: Day Resource Center for Homeless Women & Children

\_\_\_\_\_ Panel Five: Adult Literacy & Education Center, Emergency Assistance Program & Find A Friend Mentoring Program

\_\_\_\_\_ Panel Six: Community Caregiving Circle, Home Improvement Services & Senior Nutrition Services

\_\_\_\_\_ Panel Seven: Community Engagement Program for Girls & Youth Scouting Program

\_\_\_\_\_ Panel Eight: Food Pantry Services

\_\_\_\_\_ Panel Nine: Disaster Services; Preparedness, Health & Safety; Services to Armed Forces

\_\_\_\_\_ Panel Ten: Out of Sight Programs for Health, Wellness & Independence; & Substance Use Disorder/Mental Health Services

**IV. Community Impact Review Panel Volunteer Conflict of Interest (Please indicate the option that best describes you.)**

If you have an affiliation with a UWCC Community Impact Partner do not select that Community Partner's program as a choice for your Review Panel.

\_\_\_\_\_ **I am an employee, officer, director or volunteer of a United Way of Cumberland County (UWCC) Community Impact Partner. Please indicate in the table below your affiliation with the UWCC Community Impact Partner.**

UWCC Community Impact Partner	Position	Dates of Service

\_\_\_\_\_ I have no conflict of interest.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby agree that I will not make a decision or serve on a Community Impact Review Panel involving any of the UWCC Community Impact Partners listed in the table above during my term as a Community Impact Review Panel Volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

V. List of any volunteer experience with any nonprofit agency and/or civic, fraternal, professional and faith organization.

Organization Name	Position	Dates of Service

Please email ([crystalmmcnair@unitedway-cc.org](mailto:crystalmmcnair@unitedway-cc.org)) or mail (PO Box 303, Fayetteville, NC 28302) this form back to United Way of Cumberland County no later than March 3, 2023. Questions please call 910-483-1179 ext. 229.

THANK YOU!!  
GIVE! ADVOCATE! VOLUNTEER! LIVE UNITED!

Updated 1/2023