



United Way of Cumberland County
Volunteer Registration Form

Date of Application: _____

Name: _____
Last First Middle Initial

Home Address: _____
Street/PO Box City State Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Preferred method of contact: _____

Place of employment: _____

Indicate the type of volunteer service you would like to offer:

- Community Impact Review Panel Volunteer
Leadership Development Program
UWCC Committee Member
Days of Caring
UWCC Community Partner Agency:
Community Stand Down

Agency Name _____

Agency Name _____

Times and Days available: _____

Any additional training and/or skills you would be willing to share (prior volunteer experience, etc.): _____

If you have an affiliation with a UWCC Community Partner Agency indicate your affiliation in the table below.

Table with 3 columns: Organization, Position, Dates of Service

I have no conflict of interest.

Signature: _____

Submit this form via email to: crystalmmcnair@unitedway-cc.org

OR

via USPS:
222 Maiden Lane
Fayetteville, NC 28301
910-483-1179