

UTAH COUNCIL OF THE BLIND  
VOLUNTEER APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

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

(Name/Phone Number)  
Approximate Start Date: \_\_\_\_\_  
\_\_\_\_\_

# of Hours Desired: \_\_\_\_\_  
Time Available: \_\_\_\_\_

Areas of Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical Disabilities: \_\_\_\_\_  
\_\_\_\_\_

Language Spoken: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about U.C.B.?  
\_\_\_\_\_  
\_\_\_\_\_

Why would you like to volunteer at U.C.B.? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you done volunteer work before? \_\_\_\_\_

If yes, what type and where?

\_\_\_\_\_

\_\_\_\_\_

Send the completed form via E-mail to [ucb.board@gmail.com](mailto:ucb.board@gmail.com)

Or mail to: Utah Council of the Blind

1301 West 500 South

Woods Cross, UT 84087