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 Phone: 352-732-9696 Fax:352-732-9608  
[www.uwmc.org](http://www.uwmc.org)



United Way  
of Marion County

## Volunteer Registration Form

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Birthday: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have reliable transportation Yes No

Do you need any special accommodations? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Volunteer Opportunity of Interest? \_\_\_\_\_

Availability:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

I grant to United Way of Marion County, its representatives, and employees the right to take photographs of me while volunteering for the United Way. I authorize United Way of Marion County, its assignees, and transferees to copyright, use and publish the same in print and/or electronically.

I agree that United Way of Marion County may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. If you do not wish to release your image, please initial here \_\_\_\_\_

I understand that I am applying to provide voluntary donation of services. I further understand that registration with United Way of Marion County does not restrict my choice of volunteer positions, and I am free to accept or reject any volunteer placement offered to me. United Way of Marion County reserves the right to relieve volunteers of positions at any time.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If under the age of 19 Parent or Guardian Signature

\_\_\_\_\_  
Date