



United Cerebral Palsy of Georgia
3300 Northeast Expressway
Atlanta, GA 30341
Phone: (770) 676-2000
Fax: (770) 455-8040
E Mail: info@ucpga.org

Volunteer Application

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

E-mail: _____ Are you at least 18 years of age? _____

If a student, do you need to complete volunteer service by a specific date? _____

Please select geographic area(s) where you would like to volunteer:

Atlanta Area:

- ___ Buford
___ Cartersville
___ Chamblee
___ Conyers
___ Covington
___ Decatur
___ Flowery Branch

Atlanta Area:

- ___ Grayson
___ Griffin
___ Jonesboro
___ Lawrenceville
___ Marietta
___ McDonough

Atlanta Area:

- ___ Newborn
___ Newnan
___ Riverdale
___ Snellville
___ Stone Mountain
___ Tucker

Augusta Area:

- ___ Augusta
___ Columbus
___ Evans
___ Hephzibah

Macon Area:

- ___ Macon
___ Milledgeville

Savannah Area:

- ___ Glenville
___ Manassas
___ Savannah
___ Valdosta

What type of volunteer work are you interested in doing?

- **Fund Raising Activities, Special Events** ____
- **Office Work** ____
- **Work Directly Mentoring/Supporting People with Disabilities** ____
- **Improvements to UCP Community Homes** ____
- **Other Activities – please specify:** _____

If interested in working directly with individuals with disabilities, please indicate your areas of interest:

- **Arts/Crafts/Music** ____
- **Assist with Field Trips** ____
- **Social Events/Activities** ____
- **Sports** ____
- **Other Activities - please specify** _____

Briefly describe why you want to volunteer for UCP of Georgia, and tell us about any relevant experience you may have:

When are you available volunteer?

___ **Days** ___ **Evenings** ___ **Weekends** ___ **Periodically**

Hours: From _____ **am/pm to** _____ **am/pm.**

Return this form to:

**UCP of Georgia, 3300 Northeast Expressway, Building 9, Atlanta, GA 30341,
fax to 770-455-8040 or e mail to info@ucpga.org.**

Upon receipt of your application, a representative will contact you to discuss current volunteer opportunities.

Thank you for your interest in United Cerebral Palsy of Georgia!