



**United Way of  
Aiken County, Inc.**

Dear Potential Volunteer,

Thank you for your interest in volunteering with our program!

Project VISION is the home repairs initiative of the United Way of Aiken County. The program coordinates volunteers to provide up to two free home repairs, which includes free materials and supplies for low-income seniors in Aiken County.

Volunteers are a vital component of our program. This is illustrated in our program's name; Project VISION. V.I.S.I.O.N. is an acronym for Volunteers In Service In Our Neighborhoods. Through the work of volunteers, low-income seniors and disabled individual in Aiken County are assisted with home repairs to make their homes more safe and livable.

We are thrilled that you are interesting in joining the hundreds of volunteers that give of their time and talents each year to providing safety repairs for those in need. Included with this letter is a volunteer application. Please review and complete. The application is the first step in becoming a VISION Volunteer!

VISION Volunteer Steps:

- Complete an application: Mail to P.O. Box 699, Aiken SC 29802 or Drop off to the United Way office.
- Potential Volunteer Meeting and Interview with Program Director
- Volunteer Training & Job Assignment Consideration
- Volunteer Match/Mentor (assist another volunteer with repairs)
- Dedicate your time and service!

I look forward to receiving your application and working with you in the fight to improve the quality of life for so many in our community!

Sincerely,

*Lizzie Abshire*

Lizzie Abshire  
Director, Project VISION



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# PROJECT VISION VOLUNTEER APPLICATION



Please place a check to the position you are requesting:

Volunteer     Community Service     Intern     Other \_\_\_\_\_

Applicant Information				
Last Name		First		M.I.
Street Address			Date of Birth	
City		State		Zip
Home Phone			Cell Phone	
Fax:			E-mail Address	
Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Availability: Monday _____ Tuesday _____ Wednesday _____				
Thursday _____ Friday _____ Saturday _____ Sunday _____				
Holidays? Please specify: _____				
_____				
Groups and/or Affiliations:				
Education				
High School		Address		
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree
College		Address		
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree
Other		Address		
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree
Emergency Contact				
Last Name(Mr., Ms., Mrs., Miss):			First	
Street Address			Apartment/ Unit #	
Home and/or Cell			Work	
Work Phone			Relationship	



Employer (if applicable)		
Company		Phone ( )
Supervisor		Address
City	State	Zip
Would you like us to keep your employer abreast of your volunteer service and achievement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
References ( Please list three professional references)		
1. Full Name		Relationship
Company		Phone ( )
Address		
2. Full Name		Relationship
Company		Phone ( )
Address		
Criminal History (Please check yes or no)		
Have You ever been charged with or convicted of a crime:? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any crime involving a sexual offense, an assault or the use of a weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any crime involving the use, possession or the furnishing of drugs or paraphernalia? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reckless driving, operating a vehicle while under the influence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered yes to any of the above four items, please explain?		
_____		
_____		
_____		
Medical History		
Do you have allergies to any food, medicine, or any substance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list.		
If so, please specify:		
Do you have any health conditions that may limit your participation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain. _____		
_____		
Please list all current over the counter and/ or prescription medications. Check here <input type="checkbox"/> for NONE		
Medication	Amount	Often

*Disclosure of medical information is voluntary. Please note that we abide by HIPPA guidelines which require the highest level of confidentiality. Medical information will be filed and locked at all times.*

## Special Training, Skills, Hobbies

Please indicate your skill level for task in which you are interested, using the following scale:

- 1- No experience 2- Perform with significant help 3- Perform with limited help  
4- Can lead others 5- Able to teach this skill

<b>Woodshop</b>		<b>Roofing Repairs</b>	
Basic cabinet construction		Patch leaks	
Advanced Cabinet Construction		Repair Soffit/Fascia	
Woodshop machinery maintenance		Replace Roof /Shingles	
<b>Special Skills</b>		<b>Window Repair</b>	
Install Kitchen cabinets		Glass Replacements	
Install ceramic tile		Sash Repair	
Coach do-it- yourselfers		Installation	
Flooring Major & Minor		Caulk	
<b>Rough Carpentry</b>		<b>Safety &amp; Installation</b>	
Assist building wheelchair ramps		Grab Bars	
Replace old porches		Raised Toilet Seats	
Build new stairs		Wheelchair Ramp	
<b>Plumbing</b>		Hand Rails	
Repair or replace faucets		Deck Refurbishment	
Repair leaking or clogged toilet or drains		Yardwork (mowing, debris removal, etc.)	
Toilet Installation		Cutting down trees/limbs	
Shower/Tub Installation		<b>Financial Counseling</b>	
<b>Electrical repair</b>		Household Finance Mentoring	
Repair / replace switches sockets and fixtures		<b>Administrative Skill</b>	
<b>Doors and locks</b>		Processing Applications	
Replace Locks		General Office Work	
Hang doors		Data Input	
Weather Stripping		Line Receptionist	
<b>Marketing</b>		Assessment Evaluations	
Community Relations		Computer Software	
Volunteer Liaison		Mobile Photography	
Photography		Other (please specify)	
(Please check yes or no)			
I am comfortable working on a ladder or on the exterior of a two story home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I have my own tools? <input type="checkbox"/> Yes <input type="checkbox"/> No		I have my own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Safety First

What is your T-Shirt size?

- Small
- Medium
- Large
- X-Large
- XX-Large
- XXX-Large
- Other (please specify): \_\_\_\_\_

Agency Use Only

Date Received \_\_\_/\_\_\_/\_\_\_

Approved \_\_\_\_\_

Position \_\_\_\_\_