



**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,

*Tammy D. Ruth*

Tammy D. Ruth, M.P.A.  
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>   |  | <b>Hand Rails</b>  |  |
| 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 \_\_\_\_\_