Please send completed form to: adelosrios@uwiv.org; 6215 River Crest Drive, Ste. B, Riverside, CA 92507; Or by Fax (951) 656-8210



United Way of the Inland Valleys (UWIV) COMMUNITY REVIEW TEAM VOLUNTEER APPLICATION

VOLUNTEER CONTACT INFORMATION												
Name:								M F Date:				
Title:					Employer:							
Employe	er's address:											
Phone:			Ext.:				Fax:					
Residence address:												
Home Pl	hone:		Cell Phone:									
Preferre	d mailing ad	nce?										
E-mail a	E-mail address:											
	CONTACT IN CASE OF AN EMERGENCY											
Name: Phone:												
UNITED WAY AFFILIATION												
Please indicate below if you or a family member has served as either a volunteer for or employee of any agencies affiliated with United Way of the Inland Valleys within the past five years.												
Indicate S (Self) or F (Family member)			Agency Name			Position Held				Year(s)		
OTHER VOLUNTEER INFORMATION												
I work and/or live in the following communities (Put an "X" next to the communities that apply):												
Work	Live	Community										
		Jurupa Valley (Glen Avon, Jurupa, Mira Loma, Pedley, Rubidoux)										
		Lake Elsinore Valley (Canyon Lake, Lake Elsinore, Wildomar)										
		Moreno Valley										
		Pass Area (Banning, Beaumont, Cabazon, Cherry Valley)										
		Perris										
		Riverside (Except Rubidoux, Jurupa, Mira Loma, Pedley, Glen Avon)										
	Temecula/Murrieta Valley											
	Other (Outside UWIV Service Area)											
Put an "X" next to the best time for Community Review Team visits:												
•						Afternoon (12:0	00 p.m4:0	00 p.m.:				
Evening (5:00 p.m. – 8:00 p.m.			,			No Preference:						
Put an	X" next to th				IIV (aposify t	uno).						
	I have prior volunteer experience with UWIV (specify type):											
	With other United Ways (specify which)											
I have no prior experience with United way												
If you have participated in the Community Review Process, are you willing to serve as a Chair/Vice-Chair:												
RECOMMEND FRIENDS/CO-WORKERS												
I know the following persons who might be interest in joining a Community Review Team this year												
Name		Mailing A	aaress			Phone Nun	iper E-	Mail				
-0												
If you have any questions, please contact Anna De Los Rios at (951) 697-4712 or adelosrios@uwiv.org.												