



## United Teen Equality Center Volunteer Application

*Thank you so much for your willingness to volunteer with UTEC! Please fill out the following Volunteer Application, and return it to Adam Ellsworth at 34 Hurd Street, Lowell, MA 01852 or fax it at 978-654-6727. If you have any questions, do not hesitate to contact Adam Ellsworth at 978-856-3936 or [aellsworth@utec-lowell.org](mailto:aellsworth@utec-lowell.org).*

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### ***Personal Information***

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

Address: \_\_\_\_\_  
(Street) (Apt.)

\_\_\_\_\_ (City) (State) (zip)

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

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

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### ***Skills and Interests***

*Please list any interests or skills you possess that you feel could benefit UTEC.*

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### ***Personal Statement***

*Please tell us a little bit about yourself and why you would like to volunteer with UTEC.*

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***References***

*Please list two professional or volunteer references*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

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***Certification***

By signing this application, I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and are made in good faith.

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SIGNATURE

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DATE

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PRINT NAME

***Thank You!***