



United Way  
of Greater Waterbury

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## UNITED WAY OF GREATER WATERBURY 2007 ALLOCATION VOLUNTEER APPLICATION

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*Please clearly print all information*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax # \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Business/Company Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Business Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Email \_\_\_\_\_

**Please indicate mailing preference**     **Business**     **Home**

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### PREVIOUS EXPERIENCE

Have you served on an Allocation Panel before? Yes  No

If Yes, how many years were you an allocation volunteer? \_\_\_\_\_

Which panel(s)/agencies did you participate with? \_\_\_\_\_

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### PREFERENCE for 2007 PANEL (indicate by using 1 = first choice, 2 = second choice, etc.)

Increasing Self-sufficiency  Health/Wellness/Safety  Strengthening Families  Supporting Older People

Basic Needs  Nurturing Children and Youth  No preference

*United Way will try to honor all requests if possible.*

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### AGENCY AFFILIATIONS

List below all human service agencies, with which you have or had an affiliation (Example: Board member, volunteer, staff, consumer.) This will help us assess a potential conflict of interest with panel assignment.

Agency Name	Affiliation/Position	Dates

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### EXPERIENCE/INTEREST

Please check below those areas in which you have experience or interest. This will be helpful as we begin to organize Allocation Panels.

Accounting/Finance     Management/Administration     Medical/Clinical

Community Planning     Law Enforcement/Legal     Statistical Analysis

Social/Human Services     Program Evaluation     Other

*Return to: the United Way of Greater Waterbury, PO Box 2688, Waterbury, CT 06723 or Fax to 203-757-0867 or email to [joann.rbalanda@ctunitedway.org](mailto:joann.rbalanda@ctunitedway.org) Call JoAnn Reynolds-Balanda at 203-757-9855, x16 for more information.*