

**UNITED WAY OF CENTRAL ALABAMA  
2009 VISITING ALLOCATION TEAM REGISTRATION**

*Members of the Visiting Allocation Team comprise an important element of the partnership between member agencies, the community, and United Way of Central Alabama. Team members review agency programs and budgets and participate in agency site visits. The Team's findings will assist the Central Allocations Committee in making its funding decisions and recommendations based on community needs.*

Yes, I am interested in serving on a Visiting Allocations Team this year.

Name \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Mailing Address \_\_\_\_\_  Work  Home

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I prefer to volunteer in the following county (Circle One): Blount Jefferson Shelby St. Clair Walker

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Have you previously served on a Visiting Allocation Team?  Yes  No How long? \_\_\_\_\_

Do you require special accommodations for a disability? \_\_\_\_\_

Do you or any immediate family member serve on a United Way partner board or have any other conflict of interest with any United Way partner agency?  Yes  No

If so, please list the names of the agency(ies). \_\_\_\_\_

Do you perform volunteer work for any non-profit organizations?  Yes  No

If yes, which one(s)? \_\_\_\_\_

Do you have an accounting experience?  Yes  No If yes, please explain.

**For demographic purposes only:**

Gender  Male  Female

Race/Ethnicity  Black/African American  Hispanic/Latino  White/Caucasian  Other

Please return this form to:

Agency Impact Department  
United Way of Central Alabama, Inc.  
P. O. Box 320189  
Birmingham, AL 35232-0189  
ATTN: Sonya King  
FAX: (205) 458-2013

Signature \_\_\_\_\_

Date \_\_\_\_\_