APPLICATION FOR VOLUNTEER SERVICES

7819 Rocky Springs Road Frederick, Maryland 21702 (301) 696-0808/FAX: (301) 696-1164



□No□

(PLEASE PRINT)

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|---|-----------|-----|------------|---------|---------------|---|-------------------------|-------------|----------|--|--|
| | | | | | f Application | | | | | | |
| Last Name | | | First Name | | | | Middle Int. | | | | |
| Address | Number | Stı | reet | City | | | State | | Zip Code | | |
| Telephone Numb | per(s) | | | | | | | | | | |
| Home | | | | Work | | | | Other | | | |
| Email Address | | | | | | | | | | | |
| EMERGENCY CONTACT | | | | | | | | | | | |
| 1. Name | | | Relation | | | Telephone Number(s) | | | | | |
| | | | | | | H: W: | | | | | |
| 2. Name | | | Relation | | | Telephone Number(s) | | | | | |
| | | | | | | | Н: | | | | |
| How did you hear about our volunt Advertisement Friend Relative Inquiry | | | d Other (P | | | se Speci | fy) | | | | |
| SCHEDULE Date Available to | o Start: | | | | | | | | | | |
| Please | DAYS AN | | 1 TIME | PM TIMI | | f not weekly, how often would you be nterested in volunteering? | | ould you be | | | |
| complete if you are interested | Monday | | | | 1 | meresie | rested in volunteering: | | | | |
| in a Weekly or Bi- | Tuesday | | | | | | | | | | |
| weekly | Wednesday | | | | | | | | | | |
| volunteer schedule. | Thursday | | | | | | | | | | |
| | Friday | | | | | | | | | | |

Are you interested in assisting with special events and/or chaperoning field trips?

Yes

| EXPERIENCE/INTERES | STS | | | | | | | | |
|--|----------------------------|--------------|------------------------------|--------------|--|--|--|--|--|
| Please list any volunteer and/or work experience that might be helpful in this position: | | | | | | | | | |
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| Please list any interests or hobbies you would like to share: | | | | | | | | | |
| Ticuse hist any interests of hoodies you would like to share. | | | | | | | | | |
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| Please list any physical lir | nitations or special needs | you may na | ve: | | | | | | |
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| | | | | | | | | | |
| REFERENCES | | | 1 | 1 | | | | | |
| Name | Address | | Phone Number(s) | Relationship | | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
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| | | | | | | | | | |
| Signature | of Applicant | | Date | | | | | | |
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| | FOP OF | CEICE LISE (| ONI V | | | | | | |
| Date Orientation Complet | | | CE USE ONLY Staff Signature: | | | | | | |
| | | | | | | | | | |
| Areas or Groups with whi | ch applicant will assist: | | | | | | | | |
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| | | | | | | | | | |
| Comments: | | | | | | | | | |
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