Presbyterian Home
OF MARYLAND, INC.

Volunteer Application

Please print

First Name.....Last Name.....

Address.....City/State/Zip.....

Telephone.....Social Security #.....

Are you over the age of 18?.....Referred by .....

Personal Information: (please circle correct response)

Gender: Male Female

Physical Limitations: No Yes (Please Explain) …….....

Education (highest level completed):

Grades: 1-5 6-9 11-12 College Business Technical/Vocational Graduate School

Most recent work/occupation.....

List previous volunteer experience.....

Skills: (list your skills and indicate proficiency level) Skilled Can Teach Amateur

1.....

2.....

3.....

Languages: Fluent Read Write

1.....

2.....

Volunteer availability: (circle all applicable)

Number of Days per week: 1 2 3 4 5

Monday Tuesday Wednesday Thursday Friday No Preference

Transportation: (how you will get to your assignment)

Public Transportation Walk Car Other ……..

In an emergency, notify:

First Name.....Last Name.....

Address.....

City/State/Zip.....Telephone.....

Volunteers hereby agree to serve any and all residents; regardless of race, sex, creed, religion or national origin. Volunteers must be willing to undergo a criminal background check.

…… ……

(Signature/Volunteer) (Date)

Fax to: 410-823-0598
Or email to: pcorso@presbyterianhomeofmd.org