



ADULT VOLUNTEER APPLICATION

Please complete both sides of this form and return to Peerless Rockville.

Name: _____ Tel: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____
Contact in Emergency: _____ Tel: _____

I. Skills and Interests

Educational Background: _____
Current occupation: _____
Hobbies, interests, skills: _____
Previous volunteer experience: _____

Are you interested in a particular type of volunteer work? (check all that apply)

- Doing research or an individual project
- Working with collections and exhibits
- Doing public speaking or tours
- Helping with special events
- Helping in our office with administrative duties
- No preference

I prefer working with a group alone

II. Availability

When are you available to volunteer? (circle all that apply)

Full day half day morning afternoon evening weekend

Preferred day(s) M T W R F Sa Number of hours per week _____

Do you have any condition that would affect your volunteering? If Yes, please explain:

If you need to fulfill community service hours, how many hours do you need _____ by what date _____

Who referred you _____ Tel: _____

III. References

How did you hear about Peerless Rockville? _____

List two references (not relatives)

Name: _____ Name: _____

Address: _____ Address: _____

Tel: _____ Tel: _____

(over)

IV. Release of information

I consent to the release of all information concerning my ability and fitness to work as a volunteer. I certify the information given herein is true and correct to the best of my knowledge and I also understand that a false answer to any question may be grounds for discharge.

Signature of applicant

Date

Return form to: Peerless Rockville
P.O. Box 4262
Rockville, MD 20849-4262

For office use only:

Interview

Reference check

Orientation

Project assigned

Start

End