



Personnel Division
520 Snow Hill Road
Salisbury MD 21804
(410)749-1142 , fax (410)742-9191

VOLUNTEER APPLICATION

Name _____ Date _____
Street _____
City _____ State _____ Zip _____
Mailing Address (if different) _____
Home Phone _____ Work Phone _____ Cell Phone _____
E-mail Address _____

REASONABLE ACCOMMODATIONS: Based on your understanding of the Volunteer Program, will you require any special accommodations to apply and/or participate as a volunteer? Yes No
If yes, what reasonable accommodations would be necessary to assist you in this area?

Conviction - Have you ever been convicted of a criminal offense (felony or misdemeanor), which has not been judicially ordered, sealed, expunged, or statutorily eradicated? (Omit convictions for marijuana-related offenses that are more than two years old, and misdemeanor convictions for which probation has been successfully completed or otherwise discharged and judicially dismissed under Penal Code section 1203.4.) Yes No
If yes, state nature of the offense or offenses, when and where convicted, and the disposition of the offense.

(Note: No applicant will be denied a volunteer placement solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances, the relevance of the offense to the position(s) applied for and any other relevant factors are considered.)

Applicant Age Group: Teen (13-17) Adult (18-64) Senior (65+)
Education Grade Completed (click one): 6 7 8 9 10 11 12 College Completed (click one): 1 2 3 4 5 6 +
Degree(s): _____ Other: _____
Professional Membership: _____

Foreign Languages: _____ Speak Read Write
_____ Speak Read Write

Specialized Training Skills: _____

Computer Skills:
Word Photoshop Excel Adobe Creator
Access PowerPoint Publisher Other: _____

Is any or all of your volunteer time to be credited toward a project, certification or degree program for a school, community organization or religious program? No Yes, please list _____

Previous Volunteer/ Work Experience as it relates to your volunteer interests:

Empty rectangular box for previous volunteer/work experience.

Areas of Interest:

- | | | |
|---|--|--|
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Clerical
(Typing, Filing, taking applications, etc.) | <input type="checkbox"/> Answering Telephones |
| <input type="checkbox"/> Mail Room | <input type="checkbox"/> Classroom Aides | <input type="checkbox"/> Bus Aide |
| <input type="checkbox"/> Meels on Wheels Drivers | <input type="checkbox"/> Elderly Assistance | <input type="checkbox"/> Youth Programs/Mentor |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Assistance w/Field Trips | <input type="checkbox"/> Free Tax Preparation | <input type="checkbox"/> Reception |
| <input type="checkbox"/> Financial Counseling | <input type="checkbox"/> Other: _____ | |

Please note the days and times you are available for volunteer assignments:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

- I prefer:
- | | | |
|--|--|---|
| <input type="checkbox"/> Regular weekly | <input type="checkbox"/> Flexible Hours | <input type="checkbox"/> Weekends/Evenings |
| <input type="checkbox"/> Short-term projects | <input type="checkbox"/> Open-ended projects | <input type="checkbox"/> On-call assignments only |

In Case of Emergency:

Whom should we notify? _____
Name
Relationship to Applicant

Home Phone: _____ Work Phone: _____
 Physician's Name: _____ Phone: _____

Do you have any medical history that we should be aware of in the event of an emergency? (Allergies, medications, etc.)

**SHORE UP! Inc.
Volunteer Agreement**

I certify that all statements on this application are true and complete to the best of my knowledge. I hereby authorize SHORE UP! Inc. to investigate any information contained in this application. I understand that as part of the final selection process I may be subject to a criminal background check. I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that such information collected during the check will be kept confidential. I understand that false or misleading statements shall be sufficient grounds for disqualification from SHORE UP!'s Volunteer Program. Further, I understand that as a volunteer, I am offering my services of my own free will without any expectation of compensation, benefits, or insurance of any kind.

I voluntarily agree to participate, or for my child to participate, in this program. I hereby waive, release, and hold harmless from any liability or claims for damages for personal injury, including death, as well as from claims for property damage which may arise in connection with the above-named activity, against the supervisor, SHORE UP! Inc. and its elected and appointed officials, agents, and employees. As parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary, as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment.

I hereby agree to the Volunteer Agreement set forth on this _____ day of _____, 20__

Volunteer Signature: _____

Parent/Guardian Signature (if minor): _____

FOR OFFICE USE ONLY:

Received: _____ Interview Scheduled: _____ Interviewed by: _____

Referred to (program): _____ Position: _____