

VOLUNTEER APPLICATION
Community Living, Inc.
620-B Research Court, Frederick, MD 21703
301-663-8811 fax: 301-663-0476
www.communitylivinginc.org

The information you provide in this application is for internal purposes and will be kept confidential.
This is not an application for employment.

PERSONAL INFORMATION

Mr./Mrs./Ms. _____
Last Name First Name M.I.

Address: _____
Street Apt. #

City State Zip Code

Home Phone: ____ - _____ Cell: ____ - _____ E-mail address: _____

Are you currently a student? Yes _____ No _____ If yes, where? _____

OCCUPATIONAL INFORMATION

Current employer and city where you work: _____

If retired, from what occupation? _____

How did you learn of Community Living? _____

VOLUNTEER PLACEMENT

Volunteer Experience

Organization	Position/Duties	Year
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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What type(s) of volunteer service interests you?

Please check if interested		Please check if interested		Please check if interested	
	Day trips		Sports		
	Animals		Decorating		Stuffing envelopes
	Art		Fishing		Swimming
	Bowling		Gardening		Theater
	Cards		Hiking		Typing
	Cars		Latch-hook		Woodworking
	Church		Music		Writing
	Clerical tasks		Needlework		Yardwork
	Collections		Photography		Other (please list)
	Cooking		Reading aloud		
	Crafts		Sewing		
	Dancing		Sign language		

Skills/expertise that you can offer Community Living: _____

Why do you want to volunteer for Community Living? _____

Availability Dates and Hours (please check all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

REFERENCES

Staff sponsor? Yes _____ No _____ If yes, who? _____

Please give name, city address, and phone number(s) of two individuals who can serve as personal and/or professional references:

Thank you for volunteering for Community Living!

Please sign below to certify that the information on this form is presented as accurately as possible.

Your signature

Date