



**MARYLAND
COMMUNITY
CONNECTION**

"Helping individuals with disabilities be active in the community"

4401 Nicole Drive
Lanham, Maryland 20706
Phone (301) 583-0358
Fax (301) 583-0359
Email: info@marylandcommunityconnection.org
Web: www.marylandcommunityconnection.org

VOLUNTEER APPLICATION

Name:	
Address:	
City, State, Zip Code	
County	
Home Telephone:	
Business Telephone:	
Cell Phone	

Availability

I am interested in: ___ Full Time ___ Part-Time

Hours Available: _____

Days of Week Available: _____

On what date would you be available to volunteer? _____

If you have a valid driver's license, complete the following:

License Number: _____

State of Issue: _____ Expiration Date: _____

Hobbies / Interests

Work Experience

A resume may be included giving a more detailed description of work performance or a listing of additional jobs.

Present or Most Recent Position: _____

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

Education

Did you graduate from High School? _____(Yes or No)

Name, Location and Date Graduated: _____

College or University Give name & location	Major Field of Study	Dates Attended		Degree & Date	Credits Completed
		From	To		

Training/Skills/Certifications

Describe any specialized training, skills, or certifications.

References

List two persons who are not related to you and who have definite knowledge of your qualifications/

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Number, Street, City, State, and Zip Code)	BUSINESS OR OCCUPATION	TELEPHONE NUMBER

Have you ever been convicted of a felony? ____ Yes ____ No

If you answer "Yes" give details in space provided below showing (1) Date; (2) Charge; (3) Place; (4) Court; and (5) Action Taken: Note: Convictions or discharges do not necessarily disqualify you from volunteering. Each case will be considered fairly on its merits and after full consideration of the applicant's views.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-job related medical condition or disability, or any other legally protected status.

I, (Print Name) _____ give Maryland Community Connection permission to verify all references listed and to obtain verification from employers of employment dates, reasons for separation, results of performance evaluations, and any other information relevant of verification of performance.

Signature: _____ Date Signed: _____

I hereby acknowledge that I have read and understand this application. I also hereby affirm that this application contains no willful misrepresentations or falsifications and that the information contained herein is true and accurate to the best of my knowledge. I understand should investigation at any time disclose any misrepresentation or falsification of information contained in this document, my application will be disapproved and my name removed from any further consideration for volunteer. I also understand that should I be offered a volunteer position and accept a volunteer position with Maryland Community Connection and it is subsequently discovered that the information provided herein is false, I may be terminated from volunteering immediately.

Signature: _____ Date Signed: _____