

Montgomery County Thrift Shop
VOLUNTEER APPLICATION

Date of Application _____

Submit completed applications to:
Pamela Lee, Volunteer Coordinator
volunteer@Every-Mind.org | Fax 301.738.1030

| PERSONAL INFORMATION | | | | |
|--|--|--|------------|-----|
| NAME | | DATE OF BIRTH | | AGE |
| ADDRESS | | CITY | STATE | ZIP |
| HOME PHONE | CELL PHONE | EMAIL ADDRESS | | |
| PREFERRED METHOD OF CONTACT (CHECK ONE): <input type="checkbox"/> E-MAIL <input type="checkbox"/> CELL PHONE <input type="checkbox"/> HOME PHONE | | | | |
| PLACE OF EMPLOYMENT | | | OCCUPATION | |
| EMERGENCY CONTACT/ RELATIONSHIP | | | PHONE | |
| DO YOU SPEAK A FOREIGN LANGUAGE? | | IF YES, WHICH LANGUAGE(S)? | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| HOW DID YOU HEAR ABOUT EVERYMIND? | | | | |
| <input type="checkbox"/> CURRENT OR FORMER VOLUNTEER | <input type="checkbox"/> ONLINE SEARCH | <input type="checkbox"/> COMMUNITY FLYER | | |
| <input type="checkbox"/> VOLUNTEERMATCH.ORG | <input type="checkbox"/> FAIR OR EVENT | <input type="checkbox"/> FRIEND | | |
| <input type="checkbox"/> MONTGOMERY COUNTY VOLUNTEER CENTER | <input type="checkbox"/> NEWSPAPER | <input type="checkbox"/> OTHER _____ | | |
| WOULD YOU LIKE TO RECEIVE E-MAIL UPDATES FROM EVERYMIND? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

| EDUCATION | | |
|--|------|-----------------------|
| <input type="checkbox"/> HIGH SCHOOL | YEAR | DID YOU GRADUATE? |
| <input type="checkbox"/> UNDERGRADUATE | YEAR | MAJOR |
| <input type="checkbox"/> GRADUATE | YEAR | MAJOR |
| <input type="checkbox"/> OTHER | YEAR | CERTIFICATIONS/AWARDS |

SKILLS/ INTERESTS

Please list any current or past employment or volunteer experience.

| COMPANY/ORGANIZATION | RESPONSIBILITIES/DUTIES | FROM | TO |
|----------------------|-------------------------|------|----|
| | | | |
| | | | |
| | | | |

Please list any special interests, hobbies, or areas of expertise?

REFERENCES

Please list the following information of three non-family references at least one from a professional contact, e.g., employer, teacher, clergy. *Do not list more than one personal friend.*

| | |
|---------|----------------|
| NAME | RELATIONSHIP |
| ADDRESS | CITY/STATE/ZIP |
| E-MAIL | TELEPHONE |
| NAME | RELATIONSHIP |
| ADDRESS | CITY/STATE/ZIP |
| E-MAIL | TELEPHONE |
| NAME | RELATIONSHIP |
| ADDRESS | CITY/STATE/ZIP |
| E-MAIL | TELEPHONE |

Please answer the following questions.

| | |
|---|---|
| Are you at least 15 years of age? <input type="checkbox"/> NO <input type="checkbox"/> YES | Are you applying for a Student Service Learning (SSL) experience? <input type="checkbox"/> NO <input type="checkbox"/> YES |
| Name of SSL Coordinator | Phone Number |
| Name of School Counselor | Phone Number |
| Are you applying for community service hours? <input type="checkbox"/> NO <input type="checkbox"/> YES | |
| Have you ever been convicted of a crime or denied bond? <input type="checkbox"/> NO <input type="checkbox"/> YES | |
| Have you ever been convicted of an offense involving violence against a person or child including sexual offense? <input type="checkbox"/> NO <input type="checkbox"/> YES | |
| If yes, please explain. | |
| How many times a month are you available (shifts are on Saturdays)? | |
| Which shift(s) are you interested in? <input type="checkbox"/> AM Shift (9:30am – 1pm) <input type="checkbox"/> PM Shift (1pm – 4pm) <input type="checkbox"/> Both (9:30am-4pm) <i>*For your first shift only: Please arrive 15 minutes early and see the Manager on-duty for orientation to the Thrift Shop.</i> | |
| How long are you interested in volunteering? <input type="checkbox"/> 1 shift <input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Unsure | |

I affirm, under penalties of perjury, that the contents of this application are true. I understand that any false information provided by me may result in the discharge and/or the rejection of my application.

| | | |
|--------------|-----------|------|
| PRINTED NAME | SIGNATURE | DATE |
| | | |

Criminal background investigations will be conducted for all new adult volunteers for positions that involve direct contact with children and/or vulnerable populations.

I hereby authorize EveryMind or authorized representatives to obtain and release my information pertaining to my backgrounds, for volunteer purposes.

| | | |
|--------------|-----------|------|
| PRINTED NAME | SIGNATURE | DATE |
| | | |

If under 18 years of age:

I give my informed consent for my child to volunteer with the Montgomery County Thrift Shop. I understand that my child is responsible for reporting SSL hours to his/her school administration and for keeping a log of their volunteer hours. I certify that I am the applicant's parent / legal guardian.

| | | |
|--------------|---------------|------|
| PRINTED NAME | SIGNATURE | DATE |
| PHONE NUMBER | EMAIL ADDRESS | |
| | | |