

## VOLUNTEER APPLICATION

- Friendly Visitor  
 Representative Payee

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

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.

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

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