



Your mental wellness.
Our mission.

1000 Twinbrook Parkway Rockville, MD 20851 • T 301.424.0656 F 301.738.1030 • Every-Mind.org

Montgomery County Thrift Shop
VOLUNTEER APPLICATION

Date of Application _____

Submit completed applications to:
Rameela Tuladhar, 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	
DOES YOUR EMPLOYER MATCH YOUR VOLUNTEER HOURS OR HAVE ANOTHER FORM OF CORPORATE GIVING BENEFIT?			<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> UNSURE
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 _____		
<input type="checkbox"/> TWITTER	<input type="checkbox"/> FACEBOOK	<input type="checkbox"/> INSTAGRAM		
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
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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	