



Your mental wellness.
Our mission.

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

EveryMind
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, PLACE OF EMPLOYMENT, OCCUPATION, DOES YOUR EMPLOYER MATCH YOUR VOLUNTEER HOURS OR HAVE ANOTHER TYPE OF CORPORATE GIVING BENEFIT?, EMERGENCY CONTACT/ RELATIONSHIP, PHONE, DO YOU SPEAK A FOREIGN LANGUAGE?, IF YES, WHICH LANGUAGE(S)?, HOW DID YOU HEAR ABOUT EVERYMIND?, WOULD YOU LIKE TO RECEIVE E-MAIL UPDATES FROM EVERYMIND?, EDUCATION

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? NO YES

Have you ever been convicted of an offense involving violence against a person or child including sexual offense?

NO YES

If yes, please explain.

Why do you want to volunteer with EveryMind?

What kind of volunteer work would you like to do?

Are you applying for a Service Learning Project experience? NO YES

Name of School

Name of School Counselor

Phone Number

How long are you interested in volunteering?

How many hours are you required to complete?

1 month 6 months 1 year

Please write in the times you are available on the following days.

Days	Mon	Tues	Wed	Thurs	Fri
Times					

If under 18 years of age:

I give my informed consent for my child to volunteer with EveryMind. 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

Criminal background investigations will be conducted for all new adult volunteers for positions that involve direct contact with children. Applicants must fill out the Applicant Release and Authorization form which permits EveryMind to conduct a background check through National Background, Inc. This record will be kept in a confidential file for three (3) years from the date of application.

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