

THRESHOLD SERVICES

VOLUNTEER APPLICATION FORM

Name _____ Date of Birth ___/___/___

First Middle Last

Address _____ Phone _____

Street Home

City State Zip Code Work (Optional)

E-mail address _____

How did you hear about our volunteer program?

- Montgomery County Volunteer Center*
- School*
- Friend*
- Internet (please explain) _____*
- Other (please explain) _____*

Are you required to volunteer?

- Yes (please explain) _____*
- No*

Please list present / previous volunteer experience, if any:

1. _____

2. _____

3. _____

Please list experience you have had working with people who have mental illness, if any:

Please check highest level of education attained:

- High School* ___9___10___11___12
- College* ___1___2___3___4
- College Graduate*
College Degree or Major _____

Are there any particular interests or skills that you would like to develop or share with Threshold Services?

Why do you wish to volunteer at Threshold Services?

What time commitment are you willing to give to Threshold Services?

Please indicate day(s) and time(s) you are able to volunteer at Threshold Services.

_____/_____/_____/_____/_____/_____/_____
Sun Mon Tues Wed Thurs Fri Sat

Where do you prefer to volunteer?

- A Rockville site*
- A Silver Spring site*
- Doesn't matter*

Volunteers are required to provide for their own transportation. What type of transportation will you use?

- Private automobile*
- Public transportation*
- Other (please specify)_____*

Please list present / most recent employment:

Employer: _____ *Phone:* _____

Dates Worked: _____ *Supervisor:* _____

Brief Description of responsibilities:

List two references of people that have known you more than one year who are *not* relatives:

1. _____ *Name* _____ *Phone*

_____ *Address*

2. _____ *Name* _____ *Phone*

Address

EMERGENCY CONTACT INFORMATION:

1. _____
Name _____ *Phone* _____

2. _____
Name _____ *Phone* _____

Applicant's Signature _____ *Date* _____

If Volunteer is under the age of 18, a parent or guardian must fill out the information below and is urged to read this application.

Name _____

Address _____

Phone _____

Signature _____

Date _____