

GAITHERSBURG HELP VOLUNTEER APPLICATION

Name				Date		
Address				Home phone		
City		St:	Zip:	Work phone		
E-mail				Cell phone		
If not an adult, Please indicate age, grade and School:						
If employed please indicate employer and position						
Congregation affiliation (optional)						
Emergency Contact Name		Phone Number		Relationship		
Volunteer Positions You Are Considering						
Leadership	Telephone Screening	Pantry	Program Management			
Executive Director	Food Coordinator	Client Food Service	Fund Raising/Grant writing			
Assist. Exec. Director	Translator	Pantry Organization	Food Drive Coordinator			
Delegate	Prescription Coordinator	Stocking Inventory	Special Events Coordinator			
Driver	Transportation Coordntr	Administrative	Program Coordinator			
Client Transportation	Infant Needs Coordinator	Mailing Coordinator				
Food Delivery	General Telephone	Publicity	Computer Consultant			
Other (specify		Back-up Secretary		Volunteer Scheduler		
		Financial Recordkeeping				
References						
Name	Phone Number(s)	Address			Relationship	
Availability (check all that apply)	Preferences (check all that apply)			Special Skills/Info (check all that apply)		
Immediately	Work one full day			Physical Disability (desc)		
Occasionally	Work 2-4 hours/day			Computer Skills		
During Summer	Work once a month			Other Language		
Some Week days	Work twice a month			Management Experience		
Weekends	Work once a week			Have van or truck		
Evenings	Work when needed			Other (see notes)		
Notes (note any special needs or other information you think important)						
<p>I consent to Gaithersburg HELP contacting the persons I have listed as references. I also understand that a six-month commitment is expected and that I will take responsibility for tasks assigned to me. I agree to maintain confidentiality for client information and to treat all clients fairly and equally under agency guidelines. I accept the condition that persons who are or have been clients in the past two years may not be assigned duties in areas related to direct service to other clients.</p>						
_____ Signature					_____ Date	
Return form to: Gaithersburg HELP, 431 N. Frederick Ave., Gaithersburg, MD 20877						
Or Call 301-216-2510 and leave message in box 6						