

**Jubilee Association of Maryland
10408 Montgomery Avenue
Kensington, MD 20895**

VOLUNTEER APPLICATION

PLEASE PRINT ALL INFORMATION

PERSONAL INFORMATION: Date: _____

Name: _____ Birthdate: _____

Address : _____ State: _____ Zip Code: _____

Home phone #: _____ Work #: _____ Cell #: _____

E-mail: _____

Year in School : _____ Grade: _____ Other: _____

Are you seeking to complete community service (SSL) hours for school: Yes No

Are you seeking to fulfill court-appointed volunteer hours: Yes No

EMPLOYMENT INFORMATION:

Present Employer (Supervisor & Address):

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VOLUNTEER INFORMATION:

Why are you interested in volunteering with Jubilee Association?

Have you had any experience with people who have developmental disabilities?

YES NO (Please circle answer)

If yes, please explain:

Other volunteer experience, special interests, hobbies, skills, or training:

Times available for volunteer service: (circle)

Weekly	Monday	Morning (9:30AM-12:00 PM)
	Tuesday	
Monthly	Wednesday	Afternoon (12:00-5:00 PM)
	Thursday	
Occasionally	Friday	Evening (5:00-9:00 PM)
	Saturday	
	Sunday	

Which volunteer program do you have an interest in? (Circle)

Friendship Exchange Program (one-to-one match)*, Administrative Support, IT support

Holiday Parties, Special Events, Cleaning and Landscaping

Other: _____

*Friendship Exchange Program Volunteers must be eighteen or older

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CONSENT:

Emergency Contact Name & Phone Number:

I hereby attest that the information I have given above is true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application.

Signature: _____ Date: _____

Parent's Signature if under eighteen: _____

OPTIONAL QUESTIONS: Used solely for obtaining grants and reporting purposes

Please circle the appropriate answer

Male	Female
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What is your age?

Under 18 years old	18-34
35-50	50-65
Over 65	

What is your ethnicity? Please check only one

African American	Asian
Caucasian	Hispanic
Multi-racial	Other