



VOLUNTEER APPLICATION

Date: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail Address: _____

Social Security Number: _____ - _____ - _____

Are you over 21? _____ Birthday ____/____/****

Emergency Information:

Person to Notify _____ Relationship _____

Home Phone _____ Work Phone _____

Volunteer Information:

Volunteer Experience: _____

Describe your interest in volunteering for Bay Community Support Services, Inc:

Skills that would be of interest/benefit to Bay Community Support Services:

☐ Computer ☐ Marketing ☐ Photography ☐ Fundraising

☐ Office Skills ☐ Website ☐ Answering Phones

Other: _____

I am interested in getting involved in the following opportunity(s):

☐ **Board of Directors** (help represent the interests of persons with disabilities and their families by developing, clarifying, and reviewing policies of the organization in cooperation with other BOD members)

☐ **Development Committee** (assist with planning, marketing and presenting community fundraising events)

☐ **Quality Assurance Committee** (assist agency in ensuring that our services are delivered and our facilities are maintained in the highest quality, professional manner)

☐ **Finance Committee** (assist with development, preparation, and implementation of agency's financial documents)

☐ **Professional Service Committee** (assist the agency in ensuring that our staff is properly credentialed and is providing services to our clients in the highest quality, professional manner)

☐ **Fundraising** (work on fundraising projects, including events, and giving campaigns)

☐ **Canister Collection** (find new locations in which to place canisters, place them, and retrieve the funds in new and old locations)

☐ **Marketing** (assist the agency in ensuring that our services, programs, events, and information are distributed to the widest possible audience)

☐ **Support Care (Companionship)** (a companion who will focus on providing friendship and integration into the community in ways only limited by their (both volunteer and client) interests imagination)

☐ **Classroom Presenter** (provides expertise in an area of interest to the clientele of UCP Southern Maryland, i.e. Budgeting, job hunting, appearance (make-up, hair, and clothing) and nutrition.)

☐ **Handiwork** (be willing to odd and end jobs, planting flowers, painting, cleaning, etc...around our group homes)

___Assisting with Recreational Activities ___Answering Phones
___Computer Aid ___Teaching computer skills
___Website & Social Networking
Photographers ___ Filmmakers ___ Graphic Artists ___

I am:

___Currently Employed ___Retired
___A student ___Other

Availability: Indicate day and times:

Monday_____ Tuesday_____ Wednesday_____ Thursday_____
Friday_____ Saturday_____ Sunday_____

I would like to commit to volunteering:

1 month _____ 6 months _____ 1 year _____

References:

Name: _____ Years known: _____

Address: _____

Home phone: _____ Work phone: _____

Name: _____ Years known: _____

Address: _____

Home phone: _____ Work phone: _____

Name: _____ Years known: _____

Address: _____

Home phone: _____ Work phone: _____

Maryland Law requires that we ask you to provide information about any criminal convictions that you have. Please do so below.

____ Yes ____ No If yes, explain: _____

Driver's License number _____

If you will be volunteering directly with clients you will be required to have a background check.

I hereby certify that all the statements and answers set forth on this application form are true and complete to the best of my knowledge.

I agree to abide by the rules of the Bay Community Support Services volunteer handbook.

Signature

Date

Bay Community Support Services, Inc. is committed to prohibiting discrimination in employment and volunteerism on the basis of race, color, age, sex, religion, national origin or disability.

Bay Community Support Services, Inc. follows all ADA guidelines.

Thank you for your willingness to help!