

Upper Bay Counseling & Support Services, Inc.

71 Flint Dr., North East, MD 21901

410-620-7161 Fax: 410-620-7168

www.upperbay.org

Application for Volunteer Services

Personal Information

Name: _____

Address: _____

Street City State Zip

Phone: (Home) _____ (Office) _____

Emergency Contact: _____ Phone: _____

Skills & Interest

1. Education background:

2. Current occupation:

3. Hobbies, skills, interests:

4. Previous volunteer experience:

Preferences in Volunteering

1. Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- Working one-on-one with a single client No preference
- Working directly with a staff person as an assistant Providing service to several clients
- Helping around the office in general administrative duties Doing public speaking, fundraising
- Doing research, training or an individual project Working occasionally on group projects/events
- Other: _____

2. Is there a person or group with whom you are particularly interested in working? (Check all that apply.)

No preference--Adults--Seniors

Teens-Children--Physically Disabled

Mentally Challenged--Agency staff--Males

Females--Other: _____

3. Are there any groups with which you would not feel comfortable working?

No -- Yes: _____

Availability

1. At what times are you interested in volunteering?

Am flexible-- Prefer weekdays--Prefer evenings

Prefer weekends--Prefer days-- Other: _____

2. Do you have a geographic preference as to where you do volunteer work?

No Yes: _____

3. Do you have access to an automobile you can use for volunteer work?

Yes No

Background Verification

1. Have you ever been convicted of a criminal offense?

Yes No

2. Have you ever been charged with neglect, abuse, or assault?

Yes No

3. Has your driver's license ever been suspended or revoked in any state?

Yes No

4. Do you use illegal drugs?

Yes No

5. Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?

Yes No

6. Please list two non-family references whom we might contact:

a. _____ Phone: _____

b. _____ Phone: _____

7. How did you hear about us?

Saw job description | Saw advertisement | Volunteer Center

Other: _____

The above information is accurate and truthful.

I hereby authorize Upper Bay Counseling and Support Services, Inc. (UBCSS) and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records (including those maintained by both public and private organizations), my previous co-workers and UBCSS acquaintances and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteering now and, if applicable, during the tenure of my volunteer career with UBCSS.

I hereby apply to UBCSS for volunteer assignments, and, if accepted, I agree to abide by all rules and regulations and perform all duties assigned to me to the best of my ability according to the prescribed philosophy of the organization.

I understand and agree that if I become a volunteer, I will be a volunteer "at will." In volunteering, either UBCSS or I may end the relationship at any time for any reason. No representative of the organization has the authority to vary this arrangement. I also agree that nothing in the organization's policies, rules, regulations or handbook changes this relationship, or may be considered as a contract of employment.

UBCSS is an Equal Opportunity/Affirmative Action Employer. Opportunity for Volunteer Service is provided without regard to race, color, religion, sex, origin, age, disability or veteran's status.

Signature _____

Date _____