



# VOLUNTEER LAUREL!

## VOLUNTEER APPLICATION

City of Laurel, Maryland

DATE OF APPLICATION:

PERSONAL INFORMATION							
Name:				Telephone Numbers: Home:			
				Cell:		Work:	
Address (Street, City, State, Zip):				E-Mail Address:			
				2 <sup>nd</sup> E-Mail Address:			
AVAILABILITY							
Day of the Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Available							
WORK EXPERIENCE (Where have you worked in the past five years and what type of work did you do there?)							
VOLUNTEER EXPERIENCE (Where have you volunteered in the past and what type of work did you do there?)							
CERTIFICATIONS, CLASSES, AFFILIATIONS (E.G. CPR/AED, EMT, Firefighters, etc.)							
EDUCATION/TRAINING/SKILLS							
School	Place X in Last Year Completed				Course of Study or Degree Program	Did You Graduate?	
High School	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
List any professional, technical or other training or skills you have that may be relevant to the volunteer position:							
EMERGENCY INFORMATION — In case of Emergency, please notify:							
1. Name		Home Phone:		Cell Phone:		Relationship:	
2. Name		Home Phone:		Cell Phone:		Relationship:	
If you have any special accommodations, please list them:							

Please complete reverse of Application (Page 2)



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### BACKGROUND INFORMATION

Please list two non –family References who we might contact:

Name	Phone
Name	Phone
Do you have access to an automobile you can use for volunteer work?    No <input type="checkbox"/> Yes <input type="checkbox"/>	

### BACKGROUND VERIFICATION

Have you ever been convicted of any violation of the law other than a minor traffic violation? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give the date, place of conviction, charge, & disposition of each case.
Has your driver’s license ever been suspended or revoked in any state? <input type="checkbox"/> No <input type="checkbox"/> Yes

**SOURCE: HOW DID YOU HEAR ABOUT US?** (Friend, volunteer, newspaper, etc)

**GOALS/OBJECTIVES** (What is the primary objective you would like to achieve if you become a Volunteer for the City?)

Signature:	Date:
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**Please Return Application to:**  
**Jane Flemion, Volunteer Coordinator**  
**Carreen Koubek, Community Services**  
**8103 Sandy Spring Road, Laurel, Maryland 20707**  
**www.laurel.md.us**  
**(301) 725-5300 x2109**  
[jflemion@laurel.md.us](mailto:jflemion@laurel.md.us)  
[ckoubek@laurel.md.us](mailto:ckoubek@laurel.md.us)

The City of Laurel is an Equal Opportunity Employer