



MYERBERG
EDWARD A. MYERBERG CENTER
Volunteer Application

Please Print.

Today's Date: _____

Personal Information		
Salutation: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: ____/____/____
First Name:	M. I.:	Last Name:
Home Address:		
City:	State:	Zip:
Home Phone Number: ()	Cell Phone Number: ()	
Email:		
Do you check your email daily? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the best way to reach you?		

Emergency Contact:

Name:	Relationship:
Phone Number: ()	Cell Number: ()

Are you currently a Myerberg Center member? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you learn about our volunteer opportunities?

References	
Name:	Phone Number: ()
Name:	Phone Number: ()

Life Experience

What is/was your current occupation/profession? _____ Retired? Yes No

(Previous) Employer(s): _____

What is your educational background? _____

College(s) attended, if applicable: _____

Volunteer experience: _____

Experience with older adults: _____

Please complete information on the reverse side

Life Experience (continued)

Comfort level with computers (please describe): _____

Professional background, interests, previous volunteer activities, useful skills: _____

Preferred days and times to volunteer: _____

Do any travel plans affect your availability/schedule? _____

Preferred volunteer activities: _____

A Sampling of Volunteer Opportunities (please check all that interest you):

- | | |
|--|---|
| <input type="checkbox"/> Reception Desk | <input type="checkbox"/> Library |
| <input type="checkbox"/> Café | <input type="checkbox"/> Medicare or Tax Assistance |
| <input type="checkbox"/> Clerical/Administrative Support | <input type="checkbox"/> Pet Therapy (with certified therapy dog) |
| <input type="checkbox"/> Committee Work | <input type="checkbox"/> Social Services Support (to staff, clients) |
| <input type="checkbox"/> Computer Assistance | <input type="checkbox"/> Special Projects (mailings, note writing, phone calls) |
| <input type="checkbox"/> Eating Together | <input type="checkbox"/> Sewing/Quilting/Knitting |
| <input type="checkbox"/> Events (planning, sign-in, support) | <input type="checkbox"/> Translator |
| <input type="checkbox"/> Gardening | |

Background Check

As a volunteer, you may be exposed to confidential information pertaining to a member, non-member, volunteer or client associated with the Edward A. Myerberg Center (EAMC). Because of the potentially delicate situation, EAMC and its insurance carrier may find it necessary to conduct a criminal background check with the State of Maryland. The results of this background check will be kept confidential and may be used in the determination of your acceptance and placement as an EAMC volunteer. Your signature below gives EAMC permission to conduct the criminal background check.

Signature: _____ Date: _____

Volunteer Agreement

I understand that, if accepted as a volunteer, I will: offer my services without monetary compensation; agree to conform to all EAMC procedures and policies as stated in the Policy Manual for Volunteers; certify that all information submitted on the application is correct and true to the best of my knowledge; authorize the appropriate EAMC staff person(s) to contact my references.

Signature: _____ Date: _____

To be completed by Volunteer Department

Interview Date:		Interviewed by:	
Assignment(s):			
References checked:		Forwarded to supervisor (name/date):	
<input type="checkbox"/> Background Check			
Date to IT:	Date to RE:	Start Date:	Exit Date:
Exit Reasons:		Notes:	

