



# Community Ministries of Rockville Volunteer Application, (CMR)

## I. PERSONAL DATA

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cel.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

What is your current occupation: \_\_\_\_\_

Please check any of the following languages that you use fluently

English  French  Spanish/Castellano  American Sign Language Other \_\_\_\_\_

How did you hear about CMR.? \_\_\_\_\_

Please describe any previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What motivates you to volunteer? (Please check any that apply)

- Personal satisfaction
- Career exploration
- School requirement
- Court ordered requirement
- Other

\_\_\_\_\_

If you have been court ordered into community service, please use this space to let us know

For what reason you were court ordered.

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II. ARE YOU INTERESTED IN (select one)

- Ongoing volunteer opportunities through out the year
- Episodic volunteer opportunities (holidays or special events)
- Evenings/Weekend volunteer opportunities
- Internships

III. AVAILABILITY

At what times and on what days are you available to volunteer?

- Weekdays
- Weekends
- Specific Time

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please list any times when you cannot volunteer. \_\_\_\_\_

What would you like to do as a volunteer? (Please check all that apply.)

<input type="checkbox"/> Board/ Committee member	<input type="checkbox"/> Help at one day special events
<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Work with homeless individuals
<input type="checkbox"/> Marketing/Public Relations	<input type="checkbox"/> Assist senior citizens
<input type="checkbox"/> Mentoring/Tutoring	<input type="checkbox"/> Work with young children
<input type="checkbox"/> Recreation	<input type="checkbox"/> Work with individuals with disabilities
<input type="checkbox"/> Research/Internet Searching	<input type="checkbox"/> Assist those in financial need
<input type="checkbox"/> Database Management	<input type="checkbox"/> Special Events Coordination
<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Office/Clerical

IV. REFERENCES

Please list three (3) people as personal references who are not related to you and who have known you for at least one year.

Name	Day Phone	Evening Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. DEMOGRAPHIC INFORMATION (Optional)

To assist us in following equal opportunity guideline, please complete the information below:

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian, Eskimo, Aleut | <input type="checkbox"/> Caucasian (not Latino American/Hispanic) |
| <input type="checkbox"/> Latino American/Hispanic       | <input type="checkbox"/> Asian or Pacific Islander                |
| <input type="checkbox"/> African American               |   |

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

The Rehabilitation Act of 1973 enables us to give you the opportunity to identify yourself voluntarily as having a disability.

- I do have a disability  
 I do not have a disability.

VI. RETURN APPLICATION TO:

COMMUNITY MINISTRIES OF ROCKVILLE  
ATTN: VOLUNTEER SERVICES  
1010 GRANDIN AVENUE, SUITE A1  
ROCKVILLE, MD 20851  
OR YOU MAY FAX TO: 301-637-0739

**PERMISSION TO PERFORM BACKGROUND CHECK**

I hereby allow The Community Ministries of Rockville to perform a check of my background, including:

- Criminal Background
- Driving Record
- Personal References
- Past Volunteer experience

As appropriate for the volunteer position in which I expressed an interest.

I understand that I do not have to agree to this background check, but refusal will exclude me from consideration as a CMR volunteer.

This information is of a confidential nature, and as such will not be shared with other personnel except for those involved in this specific volunteer position. All information collected will be kept confidential.

Signed \_\_\_\_\_

Date \_\_\_\_\_