



**Fuel Fund of Maryland Volunteer Application**  
**305 W. Chesapeake Avenue, Suite 115**  
**Baltimore, Maryland 21204-4408**

Thank you for your offer to volunteer. Please fill out this application and return it to Danielle Phelps Volunteer Coordinator, at the above referenced location. Any questions please call 410.821.3022, Ext. 106. Thank you.

**About You**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Birth Date: Month \_\_\_\_\_ Date \_\_\_\_\_ Year (optional) \_\_\_\_\_

School (If Applicable) \_\_\_\_\_

Grade \_\_\_\_\_

Favorite Subject \_\_\_\_\_

Extracurricular Activities \_\_\_\_\_

\_\_\_\_\_

Hobbies \_\_\_\_\_

\_\_\_\_\_

**Work or Volunteer Experience**

Company/Organization \_\_\_\_\_ Date \_\_\_\_\_

Responsibilities \_\_\_\_\_

Supervisor \_\_\_\_\_

Company/Organization \_\_\_\_\_ Date \_\_\_\_\_

Responsibilities \_\_\_\_\_

Supervisor \_\_\_\_\_

**References**

Please give us the names and phone numbers of two people who can tell us about your abilities.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Information**

Names of two people to contact in the event of an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Availability**

How many hours a week do you want to volunteer? \_\_\_\_\_

Monday    Tuesday    Wednesday    Thursday    Friday

**What types of activities do you prefer to do when you are volunteering?** (i.e. filing, mailings, copying, answering phones, special events, labeling post cards, computer work)

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**Why do you volunteer?**

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**What do you expect to get from your volunteer experience?**

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**For Students Under 18: In at least three paragraphs, please tell us why you want to volunteer for the Fuel Fund of Maryland.**

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