



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) _____

Hobbies _____

Work or Volunteer Experience

Company/Organization _____ Date _____

Responsibilities _____

Supervisor _____

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)

Why do you volunteer?

What do you expect to get from your volunteer experience?

Confidentiality

Sometimes the nature of our work will require you to deal with confidential documents or information, such as client bills, history or medical records and contributor names and donations. By signing below, you agree to keep confident all information you learn as a volunteer.

Signature_____ Date_____