

# TALMAR

## Volunteer Application



1994 Cromwell Bridge Road Baltimore, MD 21234  
Phone: (410) 825-2020 | Fax: (410) 321-1466  
Email: talmar@talmar.org  
www.talmar.org

**Thank you for taking the time to apply to volunteer** (This application form will help us efficiently identify the positions and jobs that are best suited to your experience and learning objectives. Please fill out this application to the best of your ability. *Please keep in mind that some of the questions may not apply to you.* If you have any questions about this application, please contact us.

Today's Date \_\_\_\_\_

Last Name, First Name, Middle Initial \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

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

Employer Phone: \_\_\_\_\_ Time in Current Position: \_\_\_\_\_

What is your preferred method of being contacted? \_\_\_\_\_

If licensed to practice a profession, please list the profession and the state in which licensed.

\_\_\_\_\_

### VOLUNTEER INTEREST

Are you volunteering at the Center in exchange for community service hours?  Yes  No

Are you a student?  Yes  No

If yes, are you:  Full Time  Part-Time If student, what school do you attend \_\_\_\_\_

Teacher/Instructor's Name, Telephone Number and E-mail Address:

Will your volunteer hours count towards school class credit?  Yes  No

### VOLUNTEER EXPERIENCE

List previous experiences that would be helpful in working with people (volunteer, paid or educational). Continue on back if necessary. Please name the activity, organization and date(s)

\_\_\_\_\_  
\_\_\_\_\_

## INTERESTS / SKILLS

Please indicate with a check mark which you would be willing to share as a TALMAR volunteer:

**Skills:**  typing  filing  using copier  record updating  translation  receptionist  computer mailings  word processing  desktop publishing  Internet web development  research  technical services  training  system design  creating information sheets  fundraising  proposal writing  technical writing  nonprofit management  public policy  technology  other office / computer skills; specify: \_\_\_\_\_

**ADDITIONAL INTERESTS:**  landscaping  gardening  fresh flower arranging  dried flower arranging  designer  greenhouse work  delivery driver  1:1 helper for Participants with disabilities  sales of flowers at local farmers market  facilitator for community Workshops  light carpentry skills  Other; specify: \_\_\_\_\_

**Languages:** If you are able to speak fluently, or read or write, any language other than English, please list the language(s):

Speak Fluently: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

## AVAILABILITY

Approximately how much time do you feel you could volunteer ( hours per week/month)? \_\_\_\_\_

How many months (if known) would you like to volunteer \_\_\_\_\_

What is your preferred work schedule? (Check all applicable)	Mon
<input type="checkbox"/> Daytime	Tues
<input type="checkbox"/> Evenings	Wed
<input type="checkbox"/> Weekdays	Thurs
<input type="checkbox"/> Weekly	Fri
<input type="checkbox"/> Monthly	Sat
	Preferred Schedule (if known): _____ Time Commitment Undecided

## REFERENCES

Personal or professional references (Please exclude relatives.)

1. Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

## EMPLOYMENT HISTORY

### Previous Employer #1

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

### Previous Employer #2

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

### Health Related Information

Are there any medical or health factors or limitations that we should be aware of?  Yes  No

If yes, please describe: \_\_\_\_\_

Do you require any special accommodations?  Yes  No

If yes, please describe: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

**Primary Contact:** Individual to be notified in case of emergency:

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

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

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

**Secondary Contact:** Individual to be notified in case of emergency:

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

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

Phone #1: \_\_\_\_\_ Phone # 2: \_\_\_\_\_

**Please acknowledge that the information provided in this application is accurate and correct to the best of your knowledge.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

YOUR SIGNATURE INDICATES YOUR APPROVAL FOR US TO CHECK YOUR REFERENCES. THE ORGANIZATION IS NOT OBLIGATED TO PROVIDE A PLACEMENT, NOR ARE YOU OBLIGATED TO ACCEPT THE POSITION OFFERED. OPPORTUNITIES FOR VOLUNTEERS AND INTERNS ARE PROVIDED WITHOUT REGARD TO RELIGION, CREED, RACE, NATIONAL ORIGIN, AGE OR SEX.

How did you hear about TALMAR?

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**PHOTO RELEASE**

I hereby give my consent to the use of any photographs (whether still, motion, or television), voice recording, and use of name, in conjunction with TALMAR and their representatives, volunteers, etc. unless otherwise indicated in writing. I waive all compensation for such use.

**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_  
(Parent or guardian if under 18)

**DATE:** \_\_\_\_\_

*Thank you for your interest in volunteering at TALMAR! We look forward to working with you soon!*