



VOLUNTEER

A P P L I C A T I O N

Please complete this application so that we can learn more about your skills, interests, and intentions in volunteering with ABC. If possible, please attach a resume of your work and education history.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Preferred Contact Method: Telephone Email

Emergency Contact (Name, Relationship, Phone): _____

Employment Status: Full-time Part-time Not Employed Student

Employment Experience (Most Recent Employer & Job Title): _____

School Name (Current Students Only): _____

Are you new to volunteering? Yes No Have you volunteered for ABC in the past? Yes No

How did you learn about ABC and/or our volunteer program?

Please list your availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours						

Please indicate your top five volunteer interest areas (1=highest, 5=least):

- | | | |
|---|---|--|
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Administrative | <input type="checkbox"/> Fundraising/Development |
| <input type="checkbox"/> Marketing/Design | <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Facility Maintenance |
| <input type="checkbox"/> IT/Website | <input type="checkbox"/> Programs | <input type="checkbox"/> Other _____ |

What skills, training, or knowledge do you have that will benefit ABC? _____

List any applicable degrees, certifications, or experience related to the skills you described above.

Have you ever been convicted of a felony? If yes, explain. _____

Volunteer Activity Liability Waiver

I do hereby acknowledge and assume the risk of participation in any and all activities where Associated Black Charities events/activities take place. He/she does acknowledge that she/he will release ABC, its staff, volunteers, board of directors, and/or agents in any location where ABC activities are conducted of and from all claims which may hereafter develop or accrue to them on account of inquiry, loss or damage, which may be suffered because of any matter, thing, or condition, negligence or default whatsoever, and they hereby assume and accept the full risk and danger of any hurt, injury or damage which may occur through or by reason of any matter, thing or condition, negligence or default, or any person or persons whatsoever.

Initials: _____ Date: _____

Statement of Confidentiality

I agree not to divulge any information regarding donors, employees, board of directors and ABC in general, written or otherwise as confidential. This agreement is binding for the entire time I will be volunteering with ABC. I recognize that unauthorized release of confidential information may make me subject to legal action.

Initials: _____ Date: _____

I hereby acknowledge that the information above is correct and up to date. I understand that if any false information has been provided, Associated Black Charities has the right to deny or terminate any volunteer opportunities. I agree to adhere to the policies and procedures that Associated Black Charities has set forth for all volunteers to comply with.

Signature

Date

PLEASE SUBMIT APPLICATION PACKET TO:

**Attn: Volunteer Coordinator
Associated Black Charities
1114 Cathedral Street
Baltimore, MD 21201**