



Volunteer Application (Please type or print)

Name _____ Date _____

Address _____ City _____ State _____

Zip _____ Email _____ Cell Phone _____

Telephone (Home) _____ Telephone (Work) _____

Date of Birth: Month _____ Day _____ Emergency Contact: _____

Relationship to Volunteer _____ Telephone _____

Volunteer Locations (Please check all that you are interested in) *Plus site at this location

___ *Ellicott City ___ Elkridge ___ *Glenwood ___ Bain Center ___ *Owen Brown

___ Savage ___ Longwood ___ Guilford ___ East Columbia ___ Gateway (office)

Centers are open Monday - Friday

Volunteer Interests

Which volunteer positions most interest you? (Check all that apply – see attached descriptions)

___ Front Desk Assistant	___ Lunchroom Assistant	___ Calling "4" Company
___ Living Well Lay Leader	___ Data Entry	___ Ombudsman Program
___ Maryland Access Point	___ Program Design	___ Marketing
___ Program Assistant	___ Pets on Wheels	___ Plus Site Program Assistant
___ SHIP Program Counselor	___ Administrative	___ Crafts/Woodworking
___ Snow Patrol	___ Entertainment	___ Intergenerational/Mentoring
___ SPRING Peer Counselor	___ Legal Wills-Screening	___ Special Events/Projects

Other _____

What is motivating you to volunteer?

Personal Satisfaction ___ Required Hours: ___ School ___ Court ___ Confirmation

What would you like to get out of your volunteer experience? _____

Computer skills, instruments played or special interests _____

Where did you hear about volunteering with the Office on Aging? _____

(Please complete next page)

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Background/Interests cont'd

What level of education have you completed? _____

Languages Spoken _____

Employment Information (please check one)

I am: Employed Retired Student

Current School / Occupation _____ Full time Part time

Demographic Information

Age Under 18 19 – 49 50 – 59 60 and over

Race White African American Asian

American Indian/Alaskan Hawaiian Pacific Islander 2 or more races

Ethnicity

Hispanic Non Hispanic Unknown

References

Please list at least two people as personal references who are not related to you and have known you for at least one year

Name _____ Phone _____

Name _____ Phone _____

As a Howard County volunteer, the lasting impression you make on those you serve reflects directly on all of us. Please be sure your words and deeds will help build our program and its reputation for quality.

I, _____ agree to perform the volunteer duties to which I am assigned to the best of my ability and in a professional manner. I understand that as a volunteer, authorized by the Volunteer Coordinator, I am afforded liability protection with respect to damages to third parties to the same extent as county employees, as long as I am acting within the scope of my duties as a volunteer. Howard County assumes no liability for injury to myself or damage to my personal property unless caused by the negligence of the County. I hereby certify that the information provided above is true and complete to the best of my knowledge. I give Office on Aging my permission to do a background check prior to my volunteer assignment.

I/we hereby release and hold harmless Howard County, Maryland, its officials, agents and employees from liability or obligation arising from, or in connection with my child's volunteer activities.

Signature: Parent / Guardian / Volunteer _____

Date _____

If volunteer is under 18 years of age, this form must be signed by a parent or guardian

Please complete form, and mail or fax to: Regina Jenkins / Coordinator of Volunteer Services, Howard County Office on Aging, 9401 Frederick Road, Ellicott City, Maryland 21042 Phone: (410) 313-1417 Fax: (410) 313-1407

Email: rjenkins@howardcountymd.gov