



MUM VOLUNTEER CANDIDATE INFORMATION

Name: _____

Today's date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Work phone: _____ Email address: _____

Have you been convicted of a felony within the past five years? _____ Yes _____ No

If yes, please explain: _____

Are you a student? _____ Yes _____ No

Date of birth: _____

What school do you attend? _____

What grade or year are you in? _____

Have you done volunteer work at another nonprofit? _____ Yes _____ No

If yes, where and what did you do? _____

What type of work would you like to do here? _____

What skills, training, or knowledge do you wish to utilize here? _____

What training, resources or support do you anticipate needing to do this volunteer work? _____

When are you available to volunteer? Time of day: _____ Day(s) of week: _____

How often per week/month: _____ For how long: _____

Please provide 3 personal or professional references: Name, phone number, and personal or professional relationship.

1. _____

2. _____

3. _____

In case of emergency, please contact: Name: _____

Work phone _____ Home phone _____ Cell phone _____

I hereby attest that the above information is true to the best of my knowledge.

Signature _____

Today's date) _____

It is the policy and practice of MUM to select volunteers based on qualifications without regard to race, religion, national origin, gender, or age.

Please complete form and mail to: Diane Schroeder, Director, Mid-County United Ministries, 2424 Reddie Drive, Wheaton, MD 20902