

Volunteer Application  
For  
The Calvert County Health Department

Date Rec'd:
Department Assigned to: (circle) <b>CIC, SH, ADMIN, MH, CSAS, EH, CH: ADMIN, RH, HP, MCHP, MCH, DSR</b>

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Education: High School Diploma or GED \_\_\_\_\_ College \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

1. What volunteer work are you interested in doing?

2. What experience or skills do you have to offer as a volunteer?

3. When are you available to volunteer?

Days Preferred: (circle) Monday Tuesday Wednesday Thursday Friday

Hours Preferred: (circle) Morning Afternoon Evening

Name and Phone Number of Person to Contact in Case of Illness or Injury:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Other: \_\_\_\_\_

References: (List Name, address, phone #)

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Have you ever been convicted of any violation of law other than a minor traffic violation?

Yes\_\_\_\_\_ No\_\_\_\_\_

Are you willing to submit to a criminal background check?

Yes\_\_\_\_\_ No\_\_\_\_\_

I certify the above information to be true and complete. If, for any reason, this information proves invalid, I understand my services a volunteer will no longer be needed.

\_\_\_\_\_  
Signature

Date\_\_\_\_\_

*To be completed by a legal guardian if under 18 years of age:*

I give permission for \_\_\_\_\_ to volunteer at the Calvert County Health Department and receive any training specific to their volunteer job.

\_\_\_\_\_  
Parent's or legal guardian's signature

Date\_\_\_\_\_

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