



ADULT VOLUNTEER APPLICATION

Please complete this form and return to Peerless Rockville.

Name: _____ Tel: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____
Contact in Emergency: _____ Tel: _____

I. SKILLS AND INTERESTS

Educational Background: _____
Current occupation: _____
Hobbies, interests, skills: _____
Previous volunteer experience: _____
Computer Skills: _____

Are you interested in a particular type of volunteer work? (check all that apply)

- ☐ Doing research or an individual project
- ☐ Working with collections and exhibits
- ☐ Helping with special events
- ☐ Helping in our office with administrative duties
- ☐ No preference

II. AVAILABILITY

When are you available to volunteer? (circle all that apply)

Full day half day morning afternoon

Preferred day(s) M T W R F Number of hours per week _____

Do you have any condition that would affect your volunteering? If Yes, please explain:

If you need to fulfill community service hours, how many hours do you need _____ by what date _____

Who referred you _____ Tel: _____

III. REFERENCES

How did you hear about Peerless Rockville? _____

List two references (not relatives)

Name: _____	Name: _____
Address: _____	Address: _____
Tel: _____	Tel: _____

IV. RELEASE OF INFORMATION

I consent to the release of all information concerning my ability and fitness to work as a volunteer. I certify the information given herein is true and correct to the best of my knowledge and I also understand that a false answer to any question may be grounds for discharge.

Signature of applicant

Date