



HARBEL Community Organization

5807 Harford Rd, Baltimore, MD 21214

410-444-2100 ext.1013

Adult Volunteer Application

PLEASE PRINT CLEARLY

M — F

LAST NAME FIRST Nickname (as you would like it on your badge)

STREET ADDRESS CITY ZIP

HOME PHONE No. (include area code) CELL PHONE No. (include area code)

E-MAIL ADDRESS

CURRENT EMPLOYMENT/SCHOOL

ADDRESS

POSITION

HAVE YOU EVER BEEN EMPLOYED/VOLUNTEERED AT HARBEL? PLEASE LIST

TWO REFERENCES OTHER THAN FAMILY:

NAME ADDRESS

NAME ADDRESS

List participation in other community organizations:

Are you able to serve four hours per week on a regular basis for at least 1 months?

Please circle the days of the week you are available: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Do you have any physical condition or disability which may limit your ability to perform any Voluntary duties? Please explain

I understand that my volunteer status is pending satisfactory proof of identity, as well as training, the needs of the HARBEL and provisional periods. I agree to conform to the rules, regulations and policies of HARBEL Community Organization and I certify that all answers or statements I have made on this application or other supplementary materials are true and correct without omissions. I acknowledge that any false statements or misrepresentations on this application or other supplemental material, not abiding by rules, regulations and policies, will be cause for dismissal from the HARBEL Community Organization Volunteer program. I also understand that I need to have a mandatory yearly flu shot.

SIGNATURE OF APPLICANT DATE