



JustLiving Advocacy Volunteer Program Application Form

JustLiving Advocacy (JLA)
Supporting Women ... Strengthening Families!
(410) 972-8377 Fax: (410) 796-7131

Position of Interest:		Date:	
First Name:		Last Name:	
Address:	City:	State, Zip Code:	
E-Mail:	Cell Phone:	Home Phone:	
Social Security Number:	Emergency Contact:	Phone:	
REFERENCES—Personal or professional			
Name:	Phone:	Relationship:	
Name:	Phone:	Relationship:	
Name:	Phone:	Relationship:	
VOLUNTEER GOALS —Contribute to the community, gain work experience, school credit, etc.			
SUMMARIZE YOUR WORK HISTORY			
Current job title & employer:		Unemployed	Retired
Brief description of present duties:			
Brief summary of employment history:			
EDUCATION			
Attending High School or College? : <input type="checkbox"/> Yes Name of School:		Not attending school:	
Major:	List any degrees previously earned:		

RELEVANT COURSE WORK, COMPUTER, SPECIAL SKILLS, CERTIFICATES, OR LICENSES

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TIMES AVAILABLE		
<u>Number of hours per week:</u>	<u>Check Days available:</u> (Morning) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S (Afternoon) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S	<u>Availability: (For Students Only)</u> <input type="checkbox"/> Ongoing <input type="checkbox"/> School Year <input type="checkbox"/> 1 Semester <input type="checkbox"/> Short Term <input type="checkbox"/> School Year (less than 3 months)

VOLUNTEER EXPERIENCE—Summarize your volunteer history, if applicable

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AGE GROUP - Please check one of the following:

NOTE: 14-17 age group, requires parental consent along with high school consent for volunteer service credit.

14 – 17 18 – 22 22 or older

Are you **Fluent** in other languages? Spanish Other: Not bilingual

TRANSPORTATION

Do you have a valid MD driver's license? Yes No

MD Driver's License #: Expiration date:

BACKGROUND CHECKS Required for all Volunteers

1. Have you ever been convicted of a felony? Yes No
2. Have you ever been convicted of a misdemeanor? Yes No

If yes, please explain:

HOW DID YOU LEARN ABOUT THE VOLUNTEER PROGRAM?

- JustLiving Advocacy Website
- Volunteer Match
- Posted Flyer
- School? Name:
- Other:

I certify that the information provided on this volunteer application is truthful. I understand if for any reason I become unable to perform the functions of my volunteer position, I should advise the JLA Volunteer Coordinator and discontinue my volunteer job. I further understand if I am unable to perform my job, I may contact the Volunteer Coordinator for possible placement in another volunteer position. I hereby authorize JustLiving Advocacy, Inc. to perform Background Check and references for any criminal convictions or unethical conduct.

Signature of Volunteer Applicant

Date

Parent Signature (If Volunteer is a Minor)

Date

PLEASE SUBMIT/EMAIL YOUR APPLICATION TO THE VOLUNTEER COORDINATOR AT:

volunteer@justlivingadvocacy.org