

Southern Maryland Tri-County Community Action Committee, Inc. Application for Volunteer Work

Last Name	First Name	Middle Name				
Address						
City	State	Zip Code				
Home Telephone:	Cellular Telephone:	E-Mail:				
Date of Birth: / /	Sex: 🗖 Female 🛛 Male					
Highest Level of Education Comp	oleted:					
Have you ever been convicted as	an Adult for a Criminal Violation?	❑ Yes □ No – If so, Explain				
Have you intern with SMTCCAC,	Inc. in the past? 🗖 Yes 📮 No - If ye	s, what capacity?				
Are you related by birth or marriage to an SMTCCAC, Inc. employee? Ves No						
Name	Relationship	Position				
Where would your skills best be	utilized? Check all that apply.					
Administration	Adult Day Care	CDL				
Energy Assistance Program	Finance Department	Food Assistance Program				
Head Start	Housing Counseling	Senior Companion				
Human Resources Departmen	t 🛛 Other					
Describe skills, abilities, foreign for which you are:	languages, etc. which will assist in	evaluating your skills for the service				

Emergency Contact Information: Name: Phone: Relationship:							
Morning	Afternoon	C Evening	🖵 Wee	kends			
Thurs	am/pm	🖵 Frian	n/pm	□ Sat	_am/pm		
🗖 Sun	_am/pm	□ Mon	_am/pm	□ Tue	_am/pm	□ Wed	am/pm

I hereby affirm that this Application for Volunteer Work contains no willful misrepresentations and that the information given by me is true and complete to the best of my knowledge and belief. By signing this application, you agree to fulfill the duties assigned to you.

Volunteer Print Name

Volunteer Signature

Date



Professional and Personal Reference Check

All volunteers are required to have <u>two Professional References</u> and <u>one Personal Reference</u>. Please provide the following information:

Professional Reference:

Name	
Address	
Email	
Phone Number	
Professional Reference	:e:
Name	
Address	
Email	
Phone Number	
Personal Reference:	<u>.</u>
Name	
Address	
Email	
Phone Number	