

Southern Maryland Tri-County Community Action Committe Application for Volunteer Work

Last Name	First Name	Middle Name			
Address					
City	State	Zip Code			
Home Telephone:	Cellular Tele	Cellular Telephone:			
Date of Birth:	Sex: ☐ Female ☐ Male E-M	ail:			
Highest Level of Education C	ompleted:				
Have you ever been convicte	ed as an Adult for a Criminal Violation?	Yes No – If so, Explain			
Have you volunteered with S	SMTCCAC, Inc. in the past? ☐ Yes ☐ No	- If yes, what capacity?			
Are you related by birth or m	narriage to an SMTCCAC, Inc. employee?	☐Yes ☐No			
Name	Relationship	Position			
Where would your skills best be utilized? Check all that apply					
☐ Administration☐ Energy Assistance Prograr☐ Head Start☐ Human Resources Depart	☐ Housing Counseling	☐ CDL ☐ Food Assistance Program ☐ Senior Companion			

Describe skills, abilities, foreign languages, etc. which will assist in evaluating your skills for the service for which you are applying for:					
Days & Times Available: Chec	k all that apply				
□Sun	Mon	□Tue	□Wed		
Thurs	∏Fri	□Sat			
☐ Morning ☐ Afternoon	☐ Evening	☐ Weekends			
Emergency Contact Information	on:				
Name:	Phone	2:	Relationship:		
	s true and com	plete to the best of my	willful misrepresentations and that knowledge and belief. By signing		
Volunteer Print Name		Volunteer Signature	Date		