



# VOLUNTEER APPLICATION

**THANK YOU** for your interest in volunteering at the Arundel House of Hope. We deeply appreciate your interest, and hope that we can provide a welcoming and meaningful volunteer opportunity for you. To complete your application, simply fill out this two-page form and fax, mail, or deliver it in person to the address below. Please accept our warmest welcome to the Arundel House of Hope.

Arundel House of Hope  
514 North Crain HWY, STE K  
Glen Burnie MD, 21061

Phone: (410) 863 – 4888  
Fax: (410) 863 – 7235  
eMail: [cnoll@arundelhoh.org](mailto:cnoll@arundelhoh.org)

## PERSONAL INFORMATION

First Name

Last Name

Street Address

City

State

ZIP Code

Home Phone:

Work Phone:

Cell Phone:

eMail:

Emergency Contact Name:

Emergency Contact Phone:

Preferred Contact Method:

## VOLUNTEER PREFERENCES

### AHOH Day Center

- Guest Advocate
- Day Center Case Management
- Day Center Office Admin
- Day Center IT Support
- Day Center OTHER

### AHOH Medical Clinic

- Professional Medical Volunteer
- Clinic Case Manager
- Clinic Office Admin
- Clinic IT Support
- Clinic OTHER



# VOLUNTEER APPLICATION

## VOLUNTEER AVAILABILITY (Please indicate the days and specific times you would like to volunteer)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM						
PM						

## VOLUNTEER BACKGROUND INFORMATION

		Yes	No
<b>Have you ever:</b>	Been convicted of a criminal offense_____	<input type="checkbox"/>	<input type="checkbox"/>
	Charged with neglect, abuse, or assault_____	<input type="checkbox"/>	<input type="checkbox"/>
	Had your Driver's License suspended or revoked_____	<input type="checkbox"/>	<input type="checkbox"/>
	Been required to register as a sex offender_____	<input type="checkbox"/>	<input type="checkbox"/>

## REFERENCES (non-family)

- 1) \_\_\_\_\_  
 First Name                      Last Name                      Phone
- 2) \_\_\_\_\_  
 First Name                      Last Name                      Phone

## CONDITIONS OF VOLUNTEERING

- 1) I agree to maintain **complete confidentiality** concerning all information I obtain, record, and/or observe concerning guest information and/or records kept on file.
- 2) I agree to follow instructions from AHOH staff.
- 3) I agree that my participation with AHOH in a volunteer capacity is entirely and completely voluntary. I agree that AHOH and/or its staff is not liable for any illness, injury, or loss of property I may sustain in the course of volunteering at AHOH.
- 4) I agree to be responsible concerning the commitment I am making to volunteer. If I am volunteering for a regular shift-based position, I agree to do my best to meet the requirements of attendance for that shift, and that I will take reasonable actions to inform the appropriate AHOH staff should I be unable to meet my commitment on any given day.
- 5) I agree that my volunteer status with AHOH may be terminated by AHOH should I demonstrate negligence in interacting with AHOH staff and/or guests, improper interactions with AHOH staff and/or guests, and/or other offenses as determined by AHOH management.
- 6) I certify that all answers provided above are true and give permission for AHOH to take actions to verify my above answers.

## SIGNED

\_\_\_\_\_  
 First Name    Last Name    Date