



VOLUNTEER APPLICATION

First Name: _____

Last Name: _____

What do you like to be called? _____

Are you at least 18 years of age? _____ Yes _____ No

Contact Information

Street Address: _____

City: _____ State: _____ Zip Code: _____

Name of your neighborhood or building: _____

Phone (preferred): _____ Alternate Phone: _____

Email: _____

What is usually the best way to reach you? _____

What is the best time of day to reach you? _____

Demographic Data Our funders are interested in how well we reflect the broader community we serve. While the questions below are optional, your answers below will help provide that information. Please mark all that apply.

Race (mark all that apply):

- White Black or African American Asian
- American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

Ethnicity:

- Hispanic or Latino Not Hispanic or Latino

Gender:

- Male Female Non-binary Other: _____

Volunteering

Do you have any physical considerations that would affect the kinds of volunteer assignments you are comfortable with (examples: difficulties with stairs, concerns about pets, types of allergies)?

Skills and Interests (if applicable)

If you have any particular skills, hobbies, knowledge, talents or special interests (such as languages, computers, photography, baking, etc.) that you would be interested in sharing with Village members please list them here. Include any training or certifications acquired.

How would you like to help? Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Village office work | <input type="checkbox"/> Driving members for appointments/shopping |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Performing yard work/light gardening |
| <input type="checkbox"/> Planning events | <input type="checkbox"/> Watering indoor plants |
| <input type="checkbox"/> Public relations | <input type="checkbox"/> Helping with mail and paperwork |
| <input type="checkbox"/> Guest instructor/speaker | <input type="checkbox"/> Preparing/delivering meals |
| <input type="checkbox"/> Friendly calling/visiting | <input type="checkbox"/> De-cluttering |
| <input type="checkbox"/> Picking up groceries/running errands | <input type="checkbox"/> Caring for pets |
| <input type="checkbox"/> Performing small household repairs | |
| <input type="checkbox"/> Helping members with technology | |

Driving (Please skip if you do not wish to be a volunteer driver.)

Volunteer drivers provide transportation for Village members in the volunteer's car. They must maintain a valid driver's license, insurance, and zero "points" on their driving record. If you wish to be a Village volunteer driver, please provide the information requested below and submit a copy of the relevant documents as an electronic attachment or by mail.

Driver's License Number and State of Issue: _____

Auto Insurance Carrier: _____

Auto Insurance Policy No.: _____

Emergency Contacts

If you were to experience an emergency while volunteering for the Village, whom should we contact?

Name: _____

Name: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

References

Please provide two references (other than relatives) who have known you for at least two years. If possible, include at least one person who supervised your work in a paid or volunteer capacity.

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____
How long known: _____ Relationship: _____

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____
How long known: _____ Relationship: _____

Photo Permission

I grant permission to Silver Spring Village, Inc. to use my likeness, including photographs, video and audio recordings, in print or electronic form for Village promotional purposes. I understand that Village events occurring in public places carry no expectation of privacy and that my likeness may be used without my specific permission.

Signature: _____ Date: _____

May we list your name as a Village volunteer? Yes No

Volunteer Agreement

I understand that Silver Spring Village will complete background and reference checks on me. To the best of my knowledge, all information I have provided is correct. I agree to respect the privacy rights of all direct and indirect participants with Silver Spring Village and maintain strict confidentiality. I will not endanger the life, health or safety of Village members or other volunteers. I will not use my association with Silver Spring Village for personal gain, and will not conduct myself in any way that negatively affects public confidence in the Village.

Signature: _____ Date: _____

Thank you, we look forward to working with you!

Please print and mail this form and any accompanying documents to
Silver Spring Village, 8700 Georgia Avenue, Suite 306, SilverSpring, MD 20910

OR email as an attachment to volunteers@silverspringvillage.org.