



928 East North Ave.
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Volunteer Application

PLEASE PRINT AND COMPLETE EACH ITEM

Date of Application: _____

Name (as it appears on Driver's License): _____ *First* _____ *Middle* _____ *Last* _____

Mailing Address: _____
Street City State Zip Code

Phone: Home () _____ Work () _____ Cell () _____ Other: () _____

Email Address: _____ ***Are You Under 21 Years of Age?*** Yes ____ No ____

High School Education

Name: _____

Degree: _____

Years Completed: _____

College Education

Name: _____

Degree/s: _____

Years Completed: _____

Employment Information

Employment Status:

Full Time ☐ Part-Time ☐ Self Employed ☐ Retired ☐ Student ☐ Disabled ☐

Occupation: _____

Employer: 1) _____ ***Phone: ()*** _____

2) _____ ***Phone: ()*** _____

3) _____ ***Phone: ()*** _____

Volunteer Experience:

Volunteer Activities

Please check activities of interest to you.

Administrative

- ☐ Telephone Skills
- ☐ Bulk Mailing
- ☐ Typing
- ☐ PR
- ☐ Filing
- ☐ Data Entry
- ☐ Data Processing
- ☐ Fundraising

Assistant

- ☐ Greeting Families
- ☐ Caring for infants/toddlers
- ☐ Serving Meals
- ☐ Playing with Children
- ☐ Cleaning Up

Other

- ☐ Children's Grief Facilitator
- ☐ Maintenance Facility
- ☐ Gardening
- ☐ Health Fairs
- ☐ Family Event Committee Member
- ☐ Office/Mail-Outs
- ☐ Monthly Kids/Family Events
- ☐ Provide Entertainment
- ☐ Auction item Solicitor
- ☐ Tapestry/Quilting
- ☐ Grant Wishes
- ☐ Computer Entry
- ☐ Special Events Asst.

Skills and Talents

Art/Crafts

- ☐ Artwork/Graphics
- ☐ Playing an Instrument
- ☐ Photography
- ☐ Video Production
- ☐ Quilting
- ☐ Singing/Dancing
- ☐ Crafts (Specify)
- ☐ _____

Administrative

- ☐ Computer Programming
- ☐ Writing
- ☐ Training
- ☐ Conference Organization
- ☐ Interviewing Skills
- ☐ Fundraising
- ☐ Public Speaking

Times Available for Volunteer Work

Please check most convenient Time(s)

	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
Morning							
7-8:30							
8:30-12							
Afternoon							
12-2:00							
2-4:00							
Evening							
4-5:30							
5:30-9							

Personal References

1) Name: _____ Phone#: _____

Address: _____

Years Known: _____ Relationship: _____

2) Name: _____ Phone#: _____

Address: _____

Years Known: _____ Relationship: _____

Have you participated in a support program at Roberta's House? Yes _____ No _____

If yes, what program? _____

How did you hear about Roberta's House? _____

SIGNATURE _____ DATE: _____

FOR OFFICE USE ONLY!

Process Check	Date	Process Check	Date
Start date for Volunteer		Post interview ____Mgr Initial	
Info entered in computer (w/initial)		Job agreement signed	
Orientation completed		Confidentiality Agreement Signed	
Pre-interview____ Mgr initials		Training Evaluation & Facilitator	
Training complete		Volunteer Task Assignment Code	
Background check complete			

What are your expectations of volunteering for Roberta’s House?

What experience have you had working with people who are grieving?

Describe significant experiences you have had with death. Include your age at the time of the death and the nature of your relationship to the deceased.

Do you have any skills or abilities that would be particularly helpful?

What are your areas of interests or hobbies?

List special strengths you have that would be helpful.

Comments
