Roberta's HOUSE
A Family Grief Support Center

928 East North Ave.
Baltimore, MD 21202

Tel: (410)235-6633 ext:137

Email:
nwilliams@robertashouse.org

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
- ☐ Tapestry/Quilting
- ☐ Grant Wishes
- ☐ Computer Entry
- ☐ Special Events Asst.
- ☐ Family Event Committee Member
- ☐ Office/Mail-Outs
- ☐ Monthly Kids/Family Events
- ☐ Provide Entertainment
- ☐ Auction item Solicitor

Skills and Talents

Arts/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)

	Sunday	***Monday***	***Tuesday***	***Wednesday***	***Thursday***	***Friday***	***Saturday***
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

_____
_____
_____
_____