



HOUSE OF RUTH

MARYLAND

2201 Argonne Drive • Baltimore, Maryland • 21218
 (410) 889-0840 Administrative Office • 24-Hour Hotline (410) 889-RUTH

Today's Date _____

VOLUNTEER APPLICATION

<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	Last name:	First name:	Middle:	
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.				
Address:			City:	State/Zip:	
Home Phone:		Alternate Phone:	Email:		DOB (MM/DD/YY):
Employer and Address:					Length of Service:
Employer Phone:		Occupation:			
What volunteer opportunities interest you? (All of the below opportunities require a minimum six month commitment.)* <input type="checkbox"/> Ruth's Closet <input type="checkbox"/> Donations Assistant <input type="checkbox"/> Gateway Project <input type="checkbox"/> Office Assistant <input type="checkbox"/> Child Care Assistant <input type="checkbox"/> Legal Clinic <input type="checkbox"/> Speaker's Bureau <input type="checkbox"/> B-More Bags <input type="checkbox"/> Other _____ <input type="checkbox"/> Adelante Familia <input type="checkbox"/> Clothes Closet Associate					

***All positions require a background check obtained at volunteer's own expense.**

Are you over 16 years of age? ___ Yes ___ No

When are you available to volunteer? Please list hours.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

How many times per month? _____

What attracted you to the House of Ruth Maryland? _____

How did you hear about House of Ruth Maryland? _____

Are you interested in receiving House of Ruth Maryland's quarterly Houeline publication?

___ Yes, via email ___ Yes, via mail ___ Not interested

Please list two emergency contacts should a situation arise when you are volunteering.

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Please list three personal or professional references. Please exclude relatives.

Name:	Relationship:	Phone or Email:
Name:	Relationship:	Phone or Email:
Name:	Relationship:	Phone or Email:

VOLUNTEER EXPERIENCE: (Please list any volunteer experience you feel is applicable.)

Organization:		Supervisor:		Phone:
Address:			City:	State/Zip:
Start date:	End date:	Duties:		

Do you have previous domestic violence experience? Yes No If yes, please describe:
 *All answers will be kept confidential.

What skills, training or knowledge do you want to utilize at the House of Ruth? _____

Give an example of a time you have worked with people from different ethnic and socioeconomic backgrounds. How did you feel? _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
 If yes, please explain and give dates:

Do you agree to disclose any future convictions or violations? Yes No

I hereby certify that this application is true to the best of my knowledge, information and belief. I authorize investigation of all statements contained in this application for volunteer employment. I agree to abide by all House of Ruth Maryland rules and policies.

Signature: _____ Date: _____

Please return to: Community Relations Specialist via fax: 410-889-9347, email: volunteers@hruthmd.org or mail: 2201 Argonne Drive Baltimore, MD 21218

OFFICE USE ONLY:	ACCEPTED _____	DECLINED _____
Attended General Orientation	Yes _____	Date _____
Attended Program Training (name)	_____	Date _____
COMMENTS:	_____	

