

**John L. Gildner Regional Institute for
Children and Adolescents**

Application for Volunteer Position

Date: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number: (W) _____ **(H)** _____ **(C)** _____

Email: _____

Over 21: **YES** **NO**

Occupation: _____

Employer: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number: _____

Educational background (include schools and degrees): _____

Current and past participation in community activities (include involvement with any youth serving agency): _____

Volunteer Position Desired: _____ **If pet volunteer: Pets Name** _____

Availability: Days _____ **Hours** _____

Cultural/creative/social activities which you enjoy: _____

Subjects you would be interested in tutoring: _____

Hobbies: _____

Have you ever been convicted of a crime? NO _____ **YES** _____

If yes, explain, including date(s) and places(s). _____

Are criminal charges pending against you without a final disposition? If yes, explain, including date(s) and places(s). _____

Why would you like to do volunteer work at JLG-RICA? _____

Describe any work/life experiences which will assist you in being a volunteer. _____

Emergency contact information:

Name _____

Phone number _____ **Relation to self** _____

The following demographic information is OPTIONAL and used for statistical reporting purposes only:

Date of birth: _____ **Place of birth:** _____

Race: _____

Please give us the names, addresses and daytime telephone numbers of three persons who have known you for at least one (1) year. One of these should be your employer or supervisor if you are currently employed. References will remain strictly confidential.

Name: _____ **Daytime phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Relationship to applicant: _____ **Years known** _____

Name: _____ Daytime phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to applicant: _____ Years known _____

Name: _____ Daytime phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to applicant: _____ Years known _____

The above information is true to the best of my knowledge. I grant permission to the John L. Gildner Regional Institute for Children and Adolescents to verify my employment and to contact the references provided, as well as various police enforcement agencies and child protection services. I understand that, for my own protection as well as the protection of the students(s), all volunteer activities involving student contact must take place at JLG-RICA in a public setting under the supervision of JLG-RICA staff members.

Signature: _____

Date: _____

Please return to: **Director of Community Resources and Development**
 JLG-RICA
 15000 Broschart Road
 Rockville, MD 20850
Or email: marlayna.proctor@maryland.gov