Prince Georges County Department of Social Services

Office of Volunteer Services and Resource Development



VOLUNTEER APPLICATION

PERSONAL

Name			
Last	First	Middle Ini	tial
Address			
No.Street	City	State	ZIP
Day Phone ()	Evening Phone ()	
Email Address			

EDUCATION

Type of School	Name & Location	Degree/Graduation Date
High School		
College		
Graduate School		
Other		

VOLUNTEER & EMPLOYMENT HISTORY

Please list and give a brief description of three work/volunteer experiences that you feel are relevant to working with the Prince Georges County Department of Social Services

1			
2			
3			
Have you ever volunteered for PGCDSS?	Yes	No	
If so, where?		Dates	

"Volunteerism is not only beneficial to society, it is absolutely essential –in fact, it is our best hope for the future." -George Gallup, Jr.

SPECIAL SKILLS & TRAINING

Please list any special skills, training, course or licenses you have that you deem relevant

AVAILABILI	ТҮ			
When are yo	u available to volunteer? (Please Circle	e) Mornings	Afternoons Evenings	
Preferred Da	y(s) Hours/Week	k Days/Month		
What type of volunteer activity/position would you prefer?				
EMERGENCY CONTACT				
Name	Phone Number	R	Relationship	
REFERENCE	ES			
Name	Address	Phone	Relationship	
Name	Address	Phone	Relationship	

I certify that all of the statement made in this application are true and complete to the best of my knowledge. Any false statements made by me may be used as a rejection of this application.

Signature

Date

Return this Form To: Prince Georges County Department of Social Services Office of Volunteer Services and Resource Development 805 Bright seat Road Landover, Maryland 20785 ATTN: Volunteer Coordinator

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