VOLUNTEER APPLICATION

The information requested in this application helps the GLCCB to better match you with a volunteer experience that best utilizes your time and talents as well as engages your interests. You may leave certain items blank (marked OPTIONAL) if you do not feel that you can share that information with us.

All information is kept strictly confidential.

Personal Information

Today's Date: _____

Name: _____ _____ _____
(First) (M.I.) (Last)

Street Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____/_____/_____ Age: _____

May we e-mail you? _____ E-mail: _____

May we phone you at home? _____ Home#: _____

May we phone you on your cell? _____ Cell #: _____

May we phone you at work? _____ Work#: _____

May we add your contact information to our database? _____

May we mail you information? _____ If yes, does it need to be discreet? _____

In what other community/charitable organizations are you, or have you been active?

_____

_____

How did you learn about the GLCCB? _____

Have you ever volunteered at the GLCCB previously? _____

If yes, what did you do as a volunteer? _____

If yes, why did you end your volunteer service with the GLCCB?_____

_____

Have you ever been convicted of an offense involving a minor? _____

If yes, please explain (another sheet of paper may be attached if necessary): _____

_____

Do we have permission to request background information? _____

Education, Occupation & Skills

Occupation: _____ Education: _____

What special talents or skills do you possess?

_____

_____

Optional Demographic Information

In an effort to better serve LGBTQ communities in Baltimore City and Central Maryland, we are collecting the following information about our volunteers. We would very much appreciate if you could take a moment to complete this section. Thanks!

Gender (Please circle all that apply):

Female Male

FTM MTF

Age (Please circle the age group in which you fall):

Under 18 18-34

35-50 50-65 Over 65

Race (Please circle all that apply)

African American Asian

Native American or Alaskan

White Pacific Islander

Other:_____

Do you identify as Latino/a or Hispanic?

Yes

No

Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Volunteer Opportunities: Please indicate Experience and/or Interest in the Opportunities below.

Experience	Interest	Administration/Organizational Support
☐	☐	Board/Committee Member
☐	☐	Clerical
☐	☐	Data Entry/Word Processing
☐	☐	Filing
☐	☐	Fundraising
☐	☐	Fundraising Events
☐	☐	Grant Development
☐	☐	Network Administration/IT
☐	☐	Receptionist/Telephone Answering
☐	☐	Sales/Cashier
☐	☐	Stockroom
☐	☐	Volunteer Recruitment/Coordination
☐	☐	Web Site Development
		Arts/Culture
☐	☐	Pride in the Arts Committee
☐	☐	Artist
☐	☐	Gallery/Museum Sitting
☐	☐	Performer/Musician
☐	☐	Archives
		Communications/Marketing
☐	☐	Conference Exhibit Assistant
☐	☐	Graphic Design
☐	☐	Photography
☐	☐	Public Speaking
☐	☐	Video Production
☐	☐	Writing/Editing
☐	☐	Community Outreach
		Construction/Home Maintenance
☐	☐	Carpentry
☐	☐	Custodial
☐	☐	Decorating
☐	☐	Electrician
☐	☐	Facility Design/Construction
☐	☐	Flooring/Tiling
☐	☐	Handy Worker
☐	☐	Masonry
☐	☐	Painting/Wallpapering
☐	☐	Plumbing
☐	☐	Snow Shoveling

Counseling/Information Support	Experience	Interest
Crisis Intervention	☐	☐
Support Group Facilitation	☐	☐
Therapy	☐	☐
Peer Counseling	☐	☐
Criminal Justice/Legal Services		
Pro Bono Legal Aid	☐	☐
Community Mediation	☐	☐
Education		
Career Development	☐	☐
Computer Literacy	☐	☐
Library Assistant	☐	☐
Literacy	☐	☐
Teaching/Instruction	☐	☐
Tutoring	☐	☐
English Instruction	☐	☐
Spanish Instruction	☐	☐
Sign Language Instruction	☐	☐
Recreational Activities/Sports		
Crafts	☐	☐
Exercise/Fitness Leader	☐	☐
Recreational Activities	☐	☐
Special Event Support		
Planning Committee	☐	☐
Bartending	☐	☐
Concessions	☐	☐
Event Coordinator	☐	☐
Parade	☐	☐
Parking Lot	☐	☐
Medical/EMT/First Aid	☐	☐
Party Host/Hostess	☐	☐
Setup/Cleanup	☐	☐
Backstage Production	☐	☐
Usher/Ticket Taker	☐	☐
Silent Auction	☐	☐
Transportation		
Designated Driver	☐	☐
Emergency Transportation	☐	☐
Moving Assistance	☐	☐
Para Transit/Special Population	☐	☐

If committee you are interested in is not currently meeting would you be interested in forming it? _____ Please provide an example: _____

What times of the week are you available to do volunteer work?

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

My signature affirms that, to the best of my knowledge, all information on this application is true and accurate. I also affirm that a check of my background for criminal activity dealing with minors may be undertaken.

Printed Name: _____

Signature: _____

Date: _____/_____/_____