



Upper Montgomery Assistance Network  
 P.O. Box 3205  
 Gaithersburg, Maryland 20885  
 Phone (301) 926-4422 (301) 926-4423  
 Fax (301) 926-4424

## VOLUNTEER APPLICATION

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 Application Date

--  
 Social Security No.

First Name

Initial

Last Name

\_\_\_\_\_  
 Home Address (Apt. #, if any)

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

-  
 Home Phone

-  
 Work Phone

--  
 Birthdate

How did you hear about the Upper Montgomery Assistance Network? \_\_\_\_\_  
 \_\_\_\_\_

What is your time availability at the present time? \_\_\_\_\_

Time commitment to volunteer work:     Up to 4 months     4 to 12 months     Over 12 months

What is highest level of education you have completed? \_\_\_\_\_

What skills or talents can you share with us? (Languages, computers, arts, social skills or other)? \_\_\_\_\_  
 \_\_\_\_\_

The Network has various opportunities for individuals to utilize their special gifts and talents.    Please indicate which type of work you feel you would be most effective: \_\_\_\_\_  
 \_\_\_\_\_

Have you volunteered in the past?     Yes     No    If Yes, Briefly describe your experience: \_\_\_\_\_  
 \_\_\_\_\_

Identify personal reasons for becoming a volunteer: \_\_\_\_\_  
 \_\_\_\_\_

Please list any other volunteer organizations with which you have worked or two references other than relatives who have known you for the past 5 years:

| Name / Organization | Phone | Title / Relation |
|---------------------|-------|------------------|
| 1. _____            | _____ | _____            |
| 2. _____            | _____ | _____            |
| 3. _____            | _____ | _____            |

**It is the policy and practice of the Upper Montgomery Assistance Network to select volunteers based on qualifications without regard to race, religion, national origin, gender, or age.**