

ST. MARY'S ADULT MEDICAL DAY CARE, INC.

VOLUNTEER APPLICATION

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

HIGHEST LEVEL OF SCHOOL COMPLETED: _____

ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____

EMPLOYER: _____ OCCUPATION/JOB: _____

ARE YOU CURRENTLY A STUDENT? YES _____ NO _____

SCHOOL: _____ GRADE: _____

DAYS/HOURS PREFERRED FOR VOLUNTEERING: _____

HOBBIES, SKILLS, SPECIAL INTERESTS YOU CAN SHARE: _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

HOME PHONE: _____ CELL PHONE: _____

PLEASE RETURN APPLICATION TO:

ACTIVITY COORDINATOR

ST. MARY'S ADULT MEDICAL DAY CARE

24400 MERVELL DEAN ROAD, HOLLYWOOD, MD 20677

PHONE: 301-373-6515

FAX: 301-373-6517

EMAIL: ACTIVITIES@STMARYSAMDC.COM