

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Abilities Network. We would like for you to fill out this form and send it back to us so that we can pare you with opportunities that match your interests. We will keep you on file and give you a call as the need arises. Please keep in mind that if your volunteer capacity requires you to work directly with our consumers you will be required to submit to a background check and fingerprinting.

I am interested in:

Epilepsy services

Autism Services

Project ACT

Community & Employment Partners

Support Services

Family Empowerment Network (FEN)

Fundraising/Special Events

What office location would you prefer?

Towson Headquarters

LaPlata

Aberdeen

LaVale

Annapolis

Silver Spring

Frederick

Days and times generally available: M T W Th F S

Mornings 8:30 a.m. – 12 p.m. Afternoons 12 p.m. – 4:30 p.m. Evenings After 4:30 p.m.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____ (C) _____

Email _____

Birthdate _____ (must be 16 years or older to volunteer)

(Over)

Why are you interested in volunteering at Abilities Network?

How did you hear about us? _____

Volunteer Experience (Please list other organizations that you have volunteered with and the duties your performed.)

Below is some of the ongoing assistance we need help with. Please check the ones that you would be interested in assisting with.

Mailings

Graphic Design services

Photocopying

Printing services

Assembling manuals or program materials

Obtaining in-kind donations

Assisting with follow up calls

Update lists

Reminder calls for meetings

Data entry

Team recruitment for walk

Filing

Attend Health Fairs

Kids on the Block Puppet Show

Other _____

Return to Lyn Elliot, Director of Human Resources, Abilities Network, 8503 LaSalle Road, Towson, MD 21286 or fax 410.828.7708 or email lelliott@abilitiesnetwork.org