

UME Volunteer Application

Program applying for:			County/City:				
Name:							
Last First			Middle				
Name(s) previously used, in	cluding maiden name:						
Date of Birth:							
Address:							
Street Address		City		State	Zip		
Phone: Home	Best	Best time to call					
Office	Best	Best time to call					
Mobile			Best time to call				
Email:	Preferred method of communication:						
In case of emergency contac	t:						
Name			Phone Number				
List the volunteer position(s)	for which you are applying	g:					
List the tasks or responsibilities	es you prefer:						
Check those with whom you p		() Senior	Citizens				
Volunteer Experience: (List	most recent experience fir	st.)					
Organization	Volunteer role(s)	From month/year	To month/year	Contact pe address and pho			

	5 1.1	From	То	Contact p	
Employer	Position or title	month/year	month/year	address and pho	one number
ist your skills, interests and h	nobbies:				
ist organizations or clubs in v					
ist languages in which you a	re fluent:				
lave you ever been convicted iversion program for a crime No Yes If you	more serious than a parkir	ng offense in Ma	ryland or any oth		
ME Volunteer and periodically there d UME will examine their backgrous event an individual from serving as formation for UME to conduct a condeferences: List three people to not list family members or	und to determine suitability to set a volunteer but may be considered implete background screening, the who have definite knowled	rve. Information obted as it relates to volue individual may be alge of your chara	ained through the ba- unteer duties. If an i denied the opportuni	ckground check will not individual declines to pr ty to serve as a UME Vo	necessarily ovide sufficient olunteers).
Name			Dhamai		
			Phone:		
Address					
		City		State	Zip
mail Address		City			Zip
mail Addressameddress		City		State	Zip
mail Address [ame		City		State	Zip
mail Address Jame ddress Street address mail Address		City	_ Phone:	State	Zip
mail Address ame ddress Street address mail Address ame ddress		City City	_ Phone:	State State	Zip
mail Address Jame ddress Street address mail Address mail Address Jame Jame Street address		City	_ Phone:	State State	Zip Zip
Address Street address Address Street address Address authorize University of Maryland Endry Criminal History. I also authorize ganizations, and to verify the information is a volunteer. If appointed	Extension to request and receive a ze University of Maryland Exten- mation provided. I understand the I as a volunteer, I agree to abide b	City City City uny background info sion to contact the liat misrepresentation by the philosophies a	Phone: Phone: Phone: rmation about or consted references, prevor omission of facts and policies of the Use	State State State cerning me, including, to ious employers and volume requested is cause for negative state.	Zip Zip Zip out not limited to unteer on-appointment o
mail Address	Extension to request and receive a ze University of Maryland Exten- mation provided. I understand the I as a volunteer, I agree to abide b	City City City uny background info sion to contact the liat misrepresentation by the philosophies a	Phone: Phone: Phone: rmation about or consted references, prevor omission of facts and policies of the Use	State State State cerning me, including, to ious employers and volume requested is cause for negative state.	Zip Zip Zip out not limited to unteer on-appointment o