



How to Complete This Application

1. Download the application form and save it to your computer/tablet/phone.
2. Complete all fields on the following pages.
3. **Save** your document.
4. Email your completed application to resumes@shoreup.org or mail to/drop off at our office (520 Snow Hill Road, Salisbury MD 21804). You may also send your resume and a cover letter if desired.

Questions? Call Human Resources at 410-749-1142. We are open 8:30 AM-5:00 PM Monday-Friday.



520 Snow Hill Road · Salisbury, MD 21804
Phone: 410-749-1142 Fax: 410-742-9191

VOLUNTEER APPLICATION

Name: _____ Today's Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

Cell Phone: _____ Work/Home Phone: _____ H W

Email Address: _____

Reasonable Accommodations: Based on your understanding of the Volunteer Program, will you require any special accommodations to apply and/or participate as a volunteer? Yes No

If yes, what accommodations would be necessary? _____

Convictions: Have you ever been convicted of a criminal offense (felony or misdemeanor), which has not been judicially ordered sealed, expunged, or statutorily eradicated? (Omit convictions for marijuana offenses that are more than two years old, and misdemeanor convictions for which probation has been successfully completed or otherwise discharged and dismissed under Penal Code section 203.4). Yes No

If yes, state the nature of the offenses, when/where convicted, and the disposition of the offense:

(Note: No applicant will be denied a volunteer placement solely on the grounds of conviction of a criminal offense. The nature of the offense, the surrounding circumstances, the relevance of the offense to the position applied for, and any other relevant factors are considered.)

Applicant Age Range: Minor (under 18) Adult (18-64) Senior (65+)
Highest Grade Completed: 6 7 8 9 10 11 12 College Years Completed: 1 2 3 4 5+

Degree(s): _____

Professional Membership/Certifications: _____

Languages Spoken, if other than English: _____ Speak Read Write
_____ Speak Read Write

Special Skills/Training: _____

Computer Skills: Word Excel Access Publisher PowerPoint
Photoshop Other: _____

Is any or all of your volunteer time to be used as credit toward a project, certification, or degree program for a school, community, organization, or religious program? No Yes: _____

Previous Volunteer/Work experience as it relates to your interest in volunteering at SHORE UP:

Areas of Interest (check all that apply):

- | | | | |
|--------------------|-----------------|----------------------|-----------|
| Data Entry | Clerical | Answering Telephones | Bus Aide |
| Mail Room | Classroom Aide | Meal Delivery Driver | Marketing |
| Elderly Assistance | Youth Mentor | Public Relations | Reception |
| Trip Chaperone | Tax Preparation | Financial Counseling | |

Other: _____

Please note your availability for volunteer assignments:

| Day | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-------|--------|---------|-----------|----------|--------|----------|--------|
| Hours | | | | | | | |

- What type of work do you prefer?
- | | |
|--------------------------|---------------------|
| Regular/weekly | Flexible Hours |
| Open-ended projects | Weekends/Evenings |
| On-call assignments only | Short-term projects |
- Other: _____

IN CASE OF EMERGENCY, Who should we notify?

Name: _____ Relationship: _____
Home/Cell Phone: _____ Work Phone: _____
Physician's Name: _____ Phone Number: _____

Do you have any medical conditions or medical history that we should be aware of in the event of an emergency? If so, please specify: _____

**SHORE UP!, Inc.
Volunteer Agreement**

I certify that all statements on this application are true and complete to the best of my knowledge. I hereby authorize SHORE UP!, Inc. to investigate any information contained in this application. I understand that as part of the final selection process, I may be subject to a criminal background check. I understand that information collected during this background check will be limited to that appropriate for determining my suitability for particular types of volunteer work and that information collected during the check will be kept confidential. I understand that false or misleading statements shall be sufficient grounds for disqualification from SHORE UP's volunteer program. Further, I understand that as a volunteer, I am offering my services of my own free will without any expectation of compensation, benefits, or insurance of any kind.

I voluntarily agree to participate, or for my child to participate, in this program. I hereby waive, release, and hold harmless from any liability or claims for damages for personal injury, including death, as well as from claims for property damage which may arise in connection with the above-referenced activity, against the supervisor, SHORE UP!, Inc. and its appointed officials, agents, and employees. As parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment.

I hereby agree to the Volunteer Agreement above, set forth on this _____ day of _____, 20_____.

Volunteer Signature: _____

Parent/Guardian Signature (if volunteer is minor child): _____

FOR OFFICE USE ONLY: Received _____ Interview Scheduled: _____
Referred to (program): _____ Position: _____