

THE Southern Maryland Community
NETWORK
Champions of Behavioral Health
Volunteer Application

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Any special talents or skills you have that you feel would benefit our organization?

Interests: Please tell us in which areas you are interested in volunteering

Administration Events Program Fundraising Communication

Please indicate days available: Mon Tues Wed Thur Fri

Times available: From _____ to _____

Any physical limitations? _____

In case of emergency contact (Name and Phone Number): _____

As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____ Date: _____

Please send completed application to Nina Mouldern via email at nmouldern@smcni.org or mail to

305 Prince Frederick Blvd. Prince Frederick MD 20685