Community Reach
of Montgomery County

VOLUNTEER APPLICATION FORM

Full Name: _____ Date: _____

Home Address: _____

Email Address: _____ Phone Number: _____

Age/Birthdate if younger than 18 years: _____

How did you hear about Reach or our volunteer opportunities?: _____

Specific Opportunity(ies)/Service(s) of interest:_____

_____

In what languages are you fluent?: _____

Why do you want to volunteer currently?: _____

   __ Personal Satisfaction   __ Career Exploration   __ School Requirement

      __ Court Order   __ Other: _____

When/how often do you want to volunteer? __ Ongoing   __ One-time   __ Internship

Hours available: Monday: _____   Tuesday: _____

     Wednesday: _____   Thursday: _____   Friday: _____

Tell us about yourself, skills you would like to use, and your goals for volunteering:

_____

_____

_____

_____

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_____

Please return this form via email to Volunteer@cmrocks.org
Before a potential volunteer begins volunteering with Reach on a regular basis, we may request references, and we may require you to allow us to perform a background check.