



ST. MARY'S COUNTY HEALTH DEPARTMENT

21580 Peabody Street
Leonardtown, Maryland 20650
301-475-4330

VOLUNTEER PROFILE

Personal Information

Name: _____ DOB: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____ E-Mail Address: _____

Social Security Number: _____ (for background check)

Driver's License # _____

Emergency Contact:

Name: _____ Phone _____ Relationship: _____

Criminal History

All volunteer positions require a Criminal History check. Conviction will not necessarily disqualify you from participating. Have you ever been convicted of a felony? _____ Yes _____ No

Your Interests at St. Mary's County Health Department

How did you hear about us? _____

What days are you available? _____ Mondays _____ Tuesdays _____ Wednesdays _____ Thursdays _____ Fridays

What times are you available: _____ A.M. _____ P.M.

Do you prefer to work (check all that apply) _____ Direct contact with clients _____ Clerical

_____ Computers _____ Maintenance _____ No preference

The services and facilities of the Maryland State Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex or national origin and applies to the provisions of employment and granting of advantages, privileges and accommodations.

Experience and Education

What is your employment history:

Have you had any previous experience as a volunteer? If so, with what organizations and type of work?

Highest education level reached: _____ Language/s spoken: _____

Do you have any special needs or restrictions we should be aware of?

Description of training or experience that may be pertinent to the volunteer position interested in:

Certifications (i.e. First Aid and CPR with dates of certification and expiration dates):

References

1.	_____	_____	_____
	Name	Address	Phone #
2.	_____	_____	_____
	Name	Address	Phone #
3.	_____	_____	_____
	Name	Address	Phone #

Authorization and Agreement by Applicant

- I certify that the facts set forth in this volunteer profile are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or placement interview may result in rejection of my application or discharge from the volunteer program.
- I agree to allow St. Mary's County Health Department to complete a criminal background check prior to volunteering.

Signature of Applicant: _____

Date: _____

Placement Date: _____ Area: _____

Termination Date: _____ Reason: _____