

COMMUNITY ASSISTANCE NETWORK, Inc.
VOLUNTEER APPLICATION

We appreciate your request to be a volunteer with our agency. Please complete the following and mail to:

Community Assistance Network, Inc.
7900 E. Baltimore Street
Colgate, Maryland 21224
(410) 285-4674 phone - (410) 285-6707 Fax
www.canconnects.org

Date _____

Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone: **Home** () _____ **Work** () _____

Email Address: _____

Date of Birth: _____

Month/Day (If under 18, a parent or guardian must sign)

Education: (Circle last year completed)

High School	9	10	11	12
College	1	2	3	4
Graduate School	1	2	3	4
Other:	_____			

Job Experience: (Include other volunteer experience)

Name of Employer/Company	Type of Job	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Interests:

Administration/Clerical Pantry/Warehouse Shelters Other _____

School/Community Affiliations: (church, clubs, other organizations)

Why do you want to volunteer with CAN? _____

Do you have a preference for volunteering in one of the following communities? (Circle all that apply)

Colgate/Essex/Rosedale

Reisterstown/Owings Mills

Randallstown/Liberty Road/Woodlawn

Northern Baltimore County

Catonsville

Hillendale/Towson

What days and times are you available to volunteer?

Do you have a valid Driver's License? _____ **License #** _____

Do you have a car available for your use? _____

List three references: (not relatives)

Name: _____

Address: _____

_____ Phone #: _____

Zip Code

Name: _____

Address: _____

_____ Phone #: _____

Zip Code

Name: _____

Address: _____

_____ Phone #: _____

Zip Code

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(Office Use Only)

Date Interviewed _____ Date of Training _____

Volunteer Interests _____

Assignment _____