



# VOLUNTEER APPLICATION

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ (If under 18, need parent/guardian signature)

Primary Ph. #: \_\_\_\_\_ Mobile Ph. #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Organization/Business Affiliation: (If Applicable) \_\_\_\_\_

Volunteer Interests: \_\_\_\_\_

Volunteer Location: \_\_\_\_\_

**Availability:**

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
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**Time:**

__ To __	__ To __	__ To __	__ To __	__ To __	__ To __	__ To __
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**List three References (Not Relatives):**

NAME	RELATIONSHIP	YEARS KNOWN	PHONE #

Applicant Signature or

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

I, the applicant(s), certify all the information is true and correct to the best of my knowledge.

HELPING PEOPLE. CHANGING LIVES.

The Community Assistance Network, Inc. (CAN)'s mission is to work in partnership with the community to develop, operate, and support programs that reduce vulnerability and promote personal growth, stability and self-sufficiency among low-income residents.

**Thank you** for supporting CAN's Mission.

Community Assistance Network, Inc. (CAN)

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 www.CANConnects.org

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 astevens@canconnects.org

