

**Health Care for the Homeless, Inc.  
421 Fallsway  
Baltimore, Maryland 21202**

**Volunteer Application Form**

Thank you for your interest in volunteering! We ask that you take a moment to fill out this questionnaire, save the document, and mail or email to Ed Geraty at [geraty@hchmd.org](mailto:geraty@hchmd.org)

*Please note: Once the completed application is received, it is kept on file at HCH. When a staff member requests a volunteer, applications are reviewed and sent to that staff member, who would then arrange an interview based on the applicants relevant experience. Unfortunately we are not able to offer clinical experiences (nursing, medical assisting, social work, etc) on a volunteer basis.*

Date of Today

Name

Telephone number where you can be reached during the workday

E-mail

Address (include zip code)

Are you interested in a one time  or ongoing  volunteer opportunity?

Potential volunteer hours:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> 8:30 to 12	<input type="checkbox"/> 8:30 to 12	<input type="checkbox"/> 8:30 to 12	<input type="checkbox"/> 8:30 to 12	<input type="checkbox"/> 8:30 to 12	<input type="checkbox"/> 8:30 to 12
<input type="checkbox"/> 12 to 4:30	<input type="checkbox"/> 12 to 4:30	<input type="checkbox"/> 12 to 4:30	<input type="checkbox"/> 12 to 4:30	<input type="checkbox"/> 12 to 4:30	<input type="checkbox"/> 12 to 4:30
<input type="checkbox"/> all day	<input type="checkbox"/> all day	<input type="checkbox"/> all day	<input type="checkbox"/> all day	<input type="checkbox"/> all day	<input type="checkbox"/> all day

**Type of volunteer opportunity you are interested in?**

- Administrative and building-related tasks
- Client interaction - greeting clients, escorting clients within the building, etc.
- Advocacy or policy initiatives
- Volunteer physician opportunities (Maryland licensure and medical liability insurance required)
- Starting your own fundraising drive
- Bilingual (Spanish/English) Interpreter for the Saturday Clinic
- Other (Please specify)

**Skills (Check if Yes)**

Computers? :

Language fluency?  If checked, which language(s)

Social/human services:

Health Professional:

Clerical:

Other:  If checked, please explain

Education level

Occupation:

**Pertinent experience:** Please tell us about previous experience (paid or volunteer) which may relate to the type of volunteer work you are interested in:

Please explain why you are interested in volunteering at HCH

Please list 2 references (other than relatives) that we may contact. One should be volunteer or work related.

### **References**

Name:

Address:

Phone:

Name:

Address:

Phone:

### **Emergency Contacts**

In case of emergency, notify the following person:

Name:

Phone:

Relationship:

Address:

***Information provided is confidential and will be treated in accordance with HCH personnel policies applicable to staff.***