Joe's Movement Emporium Volunteer Application

Please return to the front desk, fax to (301) 699-1818 or email to latanya@joesmovement.org

This form is to be completed by new volunteers.

NAME: _____
Last First Middle Initial Maiden

HOME ADDRESS:_____
Street Apt. # County

_____
City State Zip Code

HOME PHONE: (____)_____ CELL PHONE: (____)_____

EMERGENCY CONTACT NAME:_____ No.(___)_____

BIRTHDATE:_____ SOCIAL SECURITY NUMBER:_____

E-MAIL ADDRESS:_____

EDUCATION:

Educational level: Middle School _____ (grade) High School _____ (grade) College 2 4 6 8 Other _____

_____

_____

Specialized training: 45 hr. Inf/Tod course ____ 45 hr. School-age course ____
90 Preschool course ____ 90 hr. School-age course ____

College information: # of credits _____ Degree(s) _____

Major(s)_____

Name of School(s) _____

_____

EXPERIENCE:
Professional Skills and Training: _____

_____

_____
Please list additional specialized training/experience on the back of this form or attach a resume/biography.

If hired you will be required to provide proof of citizenship and age (Birth Certificate, Driver's License, etc).
I confirm that the above information is true and correct to the best of my knowledge.

_____ _____
Signature Date

For Office Use: