



General Volunteer Application



Name: _____ Age: _____ Birthday: _____

Address: _____ Daytime phone: _____

_____ Evening phone: _____

E-mail address: _____ Cell phone: _____

Emergency contact: _____ Relationship to you: _____

Daytime phone: _____ Evening phone: _____ Cell: _____

Employer/School/Occupation (optional): _____

Do you need service learning hours? Yes No How many? _____ (Please bring the form with you!)

Have you previously volunteered for the Cal Ripken, Sr. Foundation? If so, when? What did you do? _____

Other Volunteer Experience – please list organizations and describe your involvement:

Other skills, training, and interests: _____

<u>Availability:</u>			
Weekdays	___ mornings	___ afternoons	___ evenings
Saturdays	___ mornings	___ afternoons	___ evenings
Sundays	___ mornings	___ afternoons	___ evenings
Other (please describe): _____			

<u>T-shirt Size:</u> (please circle)					
Adult	S	M	L	XL	XXL
Youth	S	M	L	XL	XXL

How did you find out about this volunteer opportunity? _____

Anything else we should know? (preferences, health conditions, feedback, etc.) _____

Please return to Janice Chan/Volunteer Coordinator
Fax: (410) 823.0850
E-mail: jchan@ripkenfoundation.org
Phone: (410) 823.0808

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