



Horizon on Wheels Volunteer Application

Date of Application: _____

Personal Information

Name: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Occupation: _____

Employer or School: _____

Employer / School Address: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

Languages Spoken: _____

Education: _____

Training or Certifications pertinent to child care: _____

Do you have any physical limitations? If so, specify: _____

Have you ever been convicted of a felony or misdemeanor other than minor traffic offenses? If so, please explain.

Emergency Contact

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Previous Hospital or Community Volunteer Experience (Use additional sheets if necessary)

Where: _____ When: _____

Address: _____

Phone: _____ Supervisor: _____

Your Role: _____

Where: _____ When: _____

Address: _____

Phone: _____ Supervisor: _____

Your Role: _____

What type of child care experience, if any, do you have? (If babysitting/nanny, please indicate age of child and name of parent/contact info): _____

Do you have any experience in working/volunteering with children with cancer/chronic illnesses/ special needs? Please describe: _____

Why do you want to volunteer in a hospital environment? _____

Please specify what personal skills/characteristics you will bring to Horizon on Wheels to fulfill the special needs of the children:

How did you hear about Horizon on Wheels? _____

Which of the following hospitals are you interested in joining? (Please check all that apply.)

Sinai Hospital/A LifeBridge Health Center

Tuesdays 9:30 AM-12:30 PM

John Hopkins

Wednesdays 9:00 AM-1:00 PM

University of Maryland Medical Centre

Fridays 10:00 AM-12:00 PM

Sinai Hospital

Sundays 11:00 AM-2:00 PM

References

Please list 2 personal references (other than relatives) that we may contact who have knowledge of your character, experience and ability. Also, include 2 current or past employer references.

Personal References:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Length of time known: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Length of time known: _____

Professional References:

Name: _____ Length of time known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Position: _____

Name: _____ Length of time known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Position: _____

AUTHORIZATION TO CHECK CRIMINAL RECORDS

I, _____, hereby authorize the Sunrise Association and/or Horizon on Wheels to obtain information pertaining to any charges I may have for federal and state criminal law violations. This information will include convictions committed upon minors and adults, and will be gathered from any law enforcement agency of this state or any other state or federal government to the full extent permitted by law.

I understand that such access is for the purpose of considering my application as a volunteer and that I expressly DO NOT authorize the Association, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signed: _____ Date: _____
(Signature of Applicant)

PLEASE RETURN APPLICATION TO:

Will Eastman
Executive Director/ Horizon on Wheels
8 Market Place; Suite 803
Baltimore, MD.21202
Will@Horizoncaycamp.org

