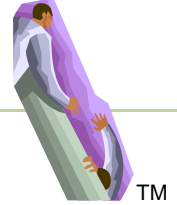


**Milestone Mentoring Program, Inc.**

P.O. Box 4864 ▪ Upper Marlboro, MD 20775-0864 ▪ 240.486.9913



TM  
Helping To Reach Your Potential  
One Milestone At A Time

**Volunteer Application**

**Contact Information**

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail Address	

**Availability**

During which hours are you available for volunteer assignments?

- Weekday mornings
- Weekday afternoons
- Weekday evenings
- Weekend mornings
- Weekend afternoons
- Weekend evenings

**Interests**

Tell us in which areas you are interested in volunteering

- Administration
  - Director
  - Officer
- Mentor
- Field work
- Fundraising
- Newsletter production
- Phone bank
- Program development
- Volunteer coordination
- Deliveries
- Events

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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## Previous Volunteer Experience

Summarize your previous volunteer experience.

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## Person to Notify in Case of Emergency

Name	
Relationship to Applicant	
Street Address	
City ST ZIP Code	
Home or Mobile Phone	
Work Phone	
E-Mail Address	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I further understand that a criminal and background clearance is required.

Name (printed)	
Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application and for your interest in volunteering with us.