## THE VILLAGE IN HOWARD (TVIH) VOLUNTEER APPLICATION FORM

## **Personal Information**

Name	Age	
Address	(10.0.00.0)	
Phone	(home)	(cell)
Languages		
References Please provide	two personal references (non-relatives	)
1. Name	Relationship	
Phone	Email	
2. Name	Relationship	
Phone	Email	
Other information/comme	nts:	
I hereby grant permission fo	or staff of TVIH to check with the above	two references.
Signature		
	Date	

Thank you for your interest in volunteer opportunities in The Village In Howard.

Please submit with Background Check Form Following receipt of your application, we will set up a meeting to conduct an interview with you to better understand your unique skills and interests and discuss our volunteer program policies and procedures. When the background and any needed driver checks are approved, we will arrange for you to attend a TVIH volunteer orientation and training session.

Please mail your completed application to: The Village In Howard, Inc., PO Box 1276, Columbia, MD 21044.

Note: Information that you provide will be kept strictly confidential and will be used only for volunteer assignments, statistical reports, or in case of emergency