



4115 Bridge Avenue
Cleveland, OH 44113
216-631-5800
Maydugancenter.org

Volunteer Application

Department/Program <u>Please Mark all that apply</u>	<input type="checkbox"/> Education Resources	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Food/Clothing Distribution	_____
	<input type="checkbox"/> Grounds Maintenance	_____
	<input type="checkbox"/> Health and Wellness	_____

Personal Information

Name: _____ Date of Birth _____

Address: _____ Sex: Male/ Female

Telephone Number(s): Primary _____ May we text you at this number? Y N

Secondary _____ May we text you at this number? Y N

E-Mail Address: _____

Would you prefer that we call, text, or email you first? Call Text Phone

Please provide three references who we can ask about your professional conduct:

1. Name _____ Phone or E-Mail _____

2. Name _____ Phone or E-Mail _____

3. Name _____ Phone or E-Mail _____

Have you ever gone by a different name? Yes No. If yes, what name: _____

Have you ever been convicted of a crime? Yes No. If yes, please explain:

(Please provide any additional information that will help us place you appropriately within the organization)