

**SUNFLOWER BAKERY**  
**8507 Ziggy Lane, Gaithersburg, MD 20877**  
**Teen Volunteer Application**

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

*Please attach a current resume'. Also, feel free to use additional pages to answer any of the following questions.*

Emergency Contact Information \_\_\_\_\_

Are you currently in school? \_\_\_\_ If so, What grade will you be in next year? \_\_\_\_\_

Name of school \_\_\_\_\_

Are you currently employed? \_\_\_\_ Title? \_\_\_\_\_ Employer? \_\_\_\_\_

Have you volunteered before? If so, where and what dates?

\_\_\_\_\_ Dates \_\_\_\_\_

Location and Title \_\_\_\_\_ Dates \_\_\_\_\_

Why are you interested in becoming a volunteer for Sunflower Bakery? \_\_\_\_\_

Describe experiences you have had working with/being around people with disabilities. \_\_\_\_\_

Do you have any skills or interests that you think would contribute to our program? \_\_\_\_\_

Please list 3 references who may attest to your skills, talents, character and suitability for this volunteer experience, who have been given permission to do so, e.g., employer, teacher, volunteer supervisor, etc.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email/phone number \_\_\_\_\_

Are there any medical or physical concerns which would limit the type of volunteer work you perform? \_\_\_\_\_

If so, indicate needed accommodations: \_\_\_\_\_

Specifically, which dates would you be available to volunteer in Summer 2017?

<b>June session, 1:00-3:30 pm</b> Session 1: June 26- June 30	<b>July sessions, 1:00-3:30 pm</b> Session 2: July 10- July 14 Session 3: July 17- July 21 Session 4: July 24-July 28
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What areas of assistance interest you? (You can check more than one activity.)

Bakery Assistance\_\_\_\_\_ Student Support\_\_\_\_\_ Wrapping/Packaging\_\_\_\_\_

Administrative/Clerical\_\_\_\_\_ Special Events\_\_\_\_\_

**PLEASE READ BEFORE SIGNING**

I agree to notify Sunflower Bakery of any changes to the information provided.

I shall attend any training sessions as requested by Sunflower Bakery.

I understand that the position of volunteer is an “at will” relationship that may be terminated at any time.

I will receive no compensation for my services as a volunteer or from work product developed or created by me from Sunflower Bakery.

I consent to the reproduction of photographs or video of me used by Sunflower Bakery.

I agree to a criminal background check and fingerprinting as part of my application, if requested.

I agree that I will not hold Sunflower Bakery, its employees, agents, sponsors, donors, volunteers or Board of Directors responsible for any injuries or losses I might incur while performing volunteer assignments for the Sunflower Bakery.

All information provided will be kept confidential.

I verify that I have read and understood all the terms and conditions above. Further, I verify that the information I have given is true and complete.

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Signature

Date

**PLEASE SIGN AND RETURN TO SUNFLOWER BAKERY, 8507 ZIGGY LANE, GAITHERSBURG, MD 20877, OR SAVE AS A WORD DOCUMENT, COMPLETE, THEN EMAIL AS AN ATTACHMENT TO [sara@sunflowerbakery.org](mailto:sara@sunflowerbakery.org). WHEN YOU COME FOR AN INTERVIEW/TRAINING YOU MAY SIGN THE APPLICATION IN PERSON.**

*Volunteering at Sunflower Bakery qualifies for Student Service Learning hours.*

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Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Fingerprints \_\_\_\_\_ First Aid/CPR \_\_\_\_\_

References \_\_\_\_\_

Training/Orientation \_\_\_\_\_

Job Assignment \_\_\_\_\_ Days and Hours \_\_\_\_\_