

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?

Location and Title _____ 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: _____

When are you generally available to volunteer?

	Mornings	Afternoons	Evenings
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Sunday	_____	_____	_____

School holidays _____

Would you be interested in working with teenagers with learning differences in a “baking class” setting as a peer role model? ____ yes ____ no Might you be available one afternoon a week for 5 weeks in a row from 3:30-6pm, on a Monday, for example? ____ yes ____ no ____ maybe

What areas of assistance interest you? (You can check more than one activity)

Bakery Assistance ____ Student Support ____ Wrapping/Packaging ____

Administrative/Clerical ____ Special Events ____ Marketing ____

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.

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. 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 \_\_\_\_\_