



So Others Might Eat

71 "O" Street, NW
Washington, DC 20001
(202) 797-8806
Fax (202) 265-3849
www.some.org

SHORT-TERM VOLUNTEER APPLICATION

Today's Date: _____

Date available for service: from _____ to _____

Term of service: Some Senior Camp Counselor (2 weeks)
 Summer Service
 Open Short-term (less than 3 months throughout year)

Personal Information:

Name: _____ Social Security: _____
Address: _____
City: _____ State: _____ Zip: _____
Day phone: () _____ Evening phone: () _____
Email: : _____ Date of Birth: _____

Emergency Information – who should we contact in the event of an emergency?

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Day phone: () _____ Evening phone: () _____

Areas of Experience and Interest:

Educational background: _____
Do you drive? Yes No Will you have a car? Yes No
Special talents: Arts & Crafts Sewing Music Instruments _____
 Computers Typing Drawing/Painting
 Other(s) _____
Will you need housing while in Washington, DC? Yes No

Health:

 Excellent Good Poor
Do you have any special health problems/needs? Yes No

If yes, please explain: _____



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General Information:

Have you previously worked/volunteered at SOME? Yes No

If yes, please describe duties:

Have you ever had a car accident?

Have you ever been arrested?

If yes, please explain: _____

References:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone: () _____ Evening phone: () _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone: () _____ Evening phone: () _____

Personal statement – briefly explain why you want to volunteer and what prompted you to offer your help at SOME.

FOR SUMMER CAMP VOLUNTEERS ONLY

1) **For which session will you be able to volunteer?**

First Session: July 19 – July 23

Second Session: July 26 – July 30

2) **Special Talents:** Exercising Storytelling Sewing Music

Arts & Craft Nurse: Where licensed? _____

3) **Do you speak another language fluently?** Yes No

If yes, please specify. _____