



# Baltimore Child Abuse Center

## Volunteer Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (mobile): \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip

Emergency contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_ Phone (mobile): \_\_\_\_\_

**Availability** (please check the most convenient times):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9am – 2pm							
2pm – 7pm							
Other							

Are you interested in on-going volunteer opportunities? Yes \_\_\_ No \_\_\_

Are you interested in volunteer opportunities outside of the hours of operation? Yes \_\_\_ No \_\_\_  
(If yes, please list above under "other")

Are you available to provide assistance to families during on-call hours (after 7pm)? Yes \_\_\_ No \_\_\_

Please complete this application and return it to:

Hilary Corley  
Baltimore Child Abuse Center  
2300 North Charles St., 4<sup>th</sup> Floor  
Baltimore, MD 21218  
Email: [hcorley@bcaci.org](mailto:hcorley@bcaci.org)  
Phone: 443 923 7024