



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):

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

*Offices are not open on Sundays

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:

Nicole Reed
Baltimore Child Abuse Center
2300 North Charles St., 4th Floor
Baltimore, MD 21218
Email: nicreed@lifebridgehealth.org
Phone: 443 872 2114