

## Volunteer Application

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_ Phone# \_\_\_\_\_

### Availability

Days \_\_\_\_\_

Times \_\_\_\_\_

Mail your  
application to:

HSCC  
210 East Main Street  
Westminster, MD  
21157

Position/interests

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Is there anything else you would like us to know?

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From time to time, we need last minute substitutions. Are you willing to be called?

(It's ok to say "no" if you are not available)

YES \_\_\_\_\_

NO \_\_\_\_\_