



CML VOLUNTEER APPLICATION

Please return completed form to
Evalynn Barbare, *Education Specialist*
25 Ann Street, Charleston, SC 29403
or evalynn@exploreCML.org or fax to: 843-352.6162
Questions? Call Evalynn at 843.853.8962 x227

Volunteer Bio: (Please Print Clearly)

Full Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Gender: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Employment Status: (Please check one): Full-time Part-time Retired Student

Place of Employment/School Name: _____

References: (former employers, friends)

Name _____ Phone _____

Name _____ Phone _____

How did you hear of our volunteer opportunities?

Skills and Interests:

Do you have any special training or skills that you could apply to your volunteer area of interest?

Talents and/or Hobbies?

