



## Horizon on Wheels Volunteer Application

Date of Application: \_\_\_\_\_

### **Personal Information**

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer or School: \_\_\_\_\_

Employer / School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Education: \_\_\_\_\_

Training or Certifications pertinent to child care: \_\_\_\_\_

Do you have any physical limitations? If so, specify: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor other than minor traffic offenses? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

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### **Emergency Contact**

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**Previous Hospital or Community Volunteer Experience** (Use additional sheets if necessary)

Where: \_\_\_\_\_ When: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Your Role: \_\_\_\_\_

Where: \_\_\_\_\_ When: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Your Role: \_\_\_\_\_

What type of child care experience, if any, do you have? (If babysitting/nanny, please indicate age of child and name of parent/contact info): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any experience in working/volunteering with children with cancer/chronic illnesses/ special needs? Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer in a hospital environment? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please specify what personal skills/characteristics you will bring to Horizon on Wheels to fulfill the special needs of the children: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Horizon on Wheels? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Which of the following hospitals are you interested in joining? (Please check all that apply.)**

Sinai Hospital/A LifeBridge Health Center

Mondays 9:00 AM-12:00 PM

Johns Hopkins

Wednesdays 9:00 AM-1:00 PM

Fridays 9:00 AM-1:00 PM

University of Maryland Medical Center

Mondays 1:00 PM-4:00 PM

Children's National

Tuesdays 11:00 AM-3:00 PM

**References**

Please list 2 personal references (other than relatives) that we may contact who have knowledge of your character, experience and ability. Also, include 2 current or past employer references.

**Personal References:**

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

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

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

Phone: \_\_\_\_\_ Length of time known: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Length of time known: \_\_\_\_\_

**Professional References:**

Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Position: \_\_\_\_\_

**AUTHORIZATION TO CHECK CRIMINAL RECORDS**

I, \_\_\_\_\_, hereby authorize the Sunrise Association and/or Horizon on Wheels to obtain information pertaining to any charges I may have for federal and state criminal law violations. This information will include convictions committed upon minors and adults, and will be gathered from any law enforcement agency of this state or any other state or federal government to the full extent permitted by law.

I understand that such access is for the purpose of considering my application as a volunteer and that I expressly DO NOT authorize the Association, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Applicant)

**PLEASE RETURN APPLICATION TO:**

**Fran Sonnenschein**  
**Coordinator/Horizon on Wheels**  
**8 Market Place; Suite 331**  
**Baltimore, MD.21202**  
[Fran@Horizoncaycamp.org](mailto:Fran@Horizoncaycamp.org)

