



THE BEACH PROJECT

Volunteer Application

Thank you for your interest in volunteering with the Beach Project! Please complete this brief application. For questions or assistance please see the FAQ page on our website or contact operations@thebeachprojectmd.org for further questions.

Volunteer Information:

Legal First Name	Legal Last Name	Preferred Name, if applicable
------------------	-----------------	-------------------------------

Street Name (Home Address)

City	State	Zip Code
------	-------	----------

Personal Email Address	Phone	Date of Birth
------------------------	-------	---------------

Do you have reliable transportation? Yes No

If you are under the age of 18, a parent or legal guardian must complete a written consent form. Please provide their contact information at the bottom of this form.

If you are applying for a remote administrative support position, do you have a personal computer and home wifi you are willing to use for volunteer purposes? Yes No

Please provide two emergency contacts and include their name, relationship to you, home address, phone number, and personal email if possible.

Availability:

Please complete the below information. Please note, there is no minimum or maximum number of hours for most opportunities, however no minimum number of hours can be guaranteed.



THE BEACH PROJECT

Dates and Times: Please enter what days of the week and approximate time frames per day you are available. This does not have to be exact and you will have no commitment to any times noted.

Desired Number of Hours Per Week (approximate): _____

Are you completing service hours, and if so, what type of documentation do you need completed?

Signature and Application Submission:

By signing here, you certify all information included on this form is truthful and accurate. You understand that you are participating of your own free will and may elect to discontinue the volunteer partnership or participation with The Beach Project at any time. You voluntarily assume all risks associated with participating and understand The Beach Project is not liable for any personal body or property damages, injury, illness, medical, or other needs that you may incur during or outside of your volunteer/event time, whether caused by negligence or otherwise. You agree to release and hold harmless The Beach Project and its affiliates from any claims or liabilities arising from participating.

If you are a minor, a parent or guardian must sign below prior to participation. Please include the age of the minor participant as well.

Name (printed)

Signature

Date

To apply, send your completed form to operations@thebeachprojectmd.org. You may submit a Voluntary Self ID Form with this application, if you wish. This can be downloaded on our website's volunteer page.

If under age 18, enter parent or guardian information here:

Parent/Guardian's Name

Parent/Guardian's Phone

Parent/Guardian's Home Address