

Volunteer Application
Eating Disorder Network Maryland
744 Dulaney Valley Rd., Suite 9, Towson, MD 21204

Personal Data:

Name: _____
Home Address: _____
Phone: _____ (home) _____ (cell)
Email: _____
DOB: _____ M/F: _____

Employment Information:

Present Employer: _____
Business Address: _____
Work Phone: _____
Type of Business/Organization: _____ Title/Position: _____

I would prefer to receive my correspondence at my: ___ home address ___ business address

School Information: (if presently a student, please fill out)

Check one:

_____ High-School (freshman, sophomore, junior, senior)
_____ College (freshman, sophomore, junior, senior)
Graduate Student _____ (year: first, second, third, fourth)
Other _____

Name of School Attending: _____
If in College, list your major: _____
Are you doing this for a school internship: _____ yes _____ no
If yes, please list your requirements (including the number of volunteer hours needed):

Supervisors Name: _____ Contact Number: _____

**** You will be responsible for keeping track of all your volunteer hours and complying with the rules of your school program****

Community Organizations & Volunteer Involvement:

List community and volunteer involvement over the past three years: (include the organization, dates of service, position held & your service role)

1. _____
2. _____
3. _____

Commitment:

Why are you interested in becoming a volunteer with EDN?

What type of time commitment are you willing to make?

Which EDN events/duties are you interested in helping out with? (Check all that apply)

- _____ Public Relations/Media/Advertising
- _____ Mail-outs
- _____ Any programs/event for parents & family
- _____ Representing EDN @community functions (schools, parent meetings, health fairs)
- _____ Public speaking engagements (middle/high-schools, college/universities)
- _____ Visiting eating disorder treatment centers/programs (some in other states)
- _____ Advocacy (for treatment, insurance coverage & research)
- _____ Fund-Raising
- _____ Annual walk-a-thon (New program: through NEDA)
- _____ Computer work (creating fliers/letters, helping with website)
- _____ NEDAwareness event (yearly event @ local college for eating disorders awareness week)
- _____ CEU Trainings for professionals for professionals
- _____ "The Resource Room" (keeping information stocked, contacting E/D programs & professionals)

EDN Planning Team:

EDN Maryland will have meetings for general volunteers as needed, especially when planning an upcoming event

Will you be able to attend the majority of our meetings? ____yes ___ no

Confidential Information:

What type of supporter are you:

___ Parent ___Spouse ___Family ___Friend ___Professional ___General Interest ___ Student

Are you currently in recovery from an eating disorder? ____yes ___no

How long have you been in recovery? _____

The information listed in this application is truthful. I am aware, at any time, that I may withdraw my volunteer services with Eating Disorder Network of Maryland just by giving verbal or written notice to Sharon R. Peterson, LCSW-C. Eating Disorder Network of Maryland has the right to sever my volunteer relationship with them at any time, if they see fit.

Print Name

Date

Signature

Date

After completing & signing this application, please send the original copy to:

Sharon R. Peterson, LCSW-C

EDN Maryland

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