



# The Marcus Garvey - Harriet Tubman Youth Initiative (MGHTYI) Foundation, Inc.

Bowie, MD 20721  
 (301) 379-1546  
 mghtyi@yahoo.com  
[www.mghtyi.org](http://www.mghtyi.org)

## Volunteer Application

### Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Availability

During which hours are you available for volunteer assignments?

- |   |   |
|---|---|
| <input type="checkbox"/> Weekday mornings   | <input type="checkbox"/> Weekend mornings   |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings   | <input type="checkbox"/> Weekend evenings   |

### Interests

Tell us in which areas you are interested in volunteering:

- |   |  |
|---|--|
| <input type="checkbox"/> Administration         | <input type="checkbox"/> Fundraising         |
| <input type="checkbox"/> Tutoring               | <input type="checkbox"/> Answering phones    |
| <input type="checkbox"/> Mentoring              | <input type="checkbox"/> Distributing flyers |
| <input type="checkbox"/> Volunteer Coordination | Other Interests:                             |

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.



### Previous Volunteer Experience

Summarize your previous volunteer experience.

### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of **MGHTYI Foundation, Inc.** to provide equal opportunities without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, the presence of a medical condition, disability or any other legally protected status.

**Thank you for completing this application form and for your interest in volunteering with our organization.**