



Volunteer Information

Thank you for your interest in supporting Wellness House of Annapolis!
Please complete this form and return it to a Wellness House representative.

Please print legibly.

Date: _____

Personal Contact Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Email: _____

Phone: Home: _____

Work and/or cell: _____

Emergency contact: _____

Phone: _____

Skills and Interests

Professional and Educational background _____

Hobbies, skills and interests _____

Is there a particular type of volunteer work that interests you? (Check all that apply)

Grant writing

Education and Community Outreach

Tutoring

Fundraising

Providing meals for CLIMB

House Host/Hostess

Research, training or special projects

Library

House maintenance

Organizing seminars and events

Other: _____

