



C.O.I.P.P.

Children of Incarcerated Parents Partnership

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name:	
Street Address:	
City State Zip:	
Home Phone:	
Work Phone:	
Email:	

AREAS OF INTEREST

Check which areas you are interested in volunteering:

- | | |
|----------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> Crisis Committee |
| <input type="checkbox"/> Children's Activities Committee | <input type="checkbox"/> Grant Writing Committee |
| <input type="checkbox"/> Caregiver/Parent Activities Committee | <input type="checkbox"/> Other _____ |

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications such as a second language, art or craft skills.

Why are you interested in volunteering with COIPP?

As a volunteer of the Children of Incarcerated Parents Partnership, I agree to abide by all policies and procedures. I agree that the organization cannot assume liability for any accident, injury, or health problem that may arise as a result of volunteering with COIPP. I agree to keep all information regarding children and their families confidential. If requested, I consent to a criminal background check.

Signature

Date

Please mail to: COIPP, Attn: Volunteer Coordinators, 22 South Market Street, Suite 101A, Frederick, MD 21701
or email to: volunteer@coipp.org.