

GENERAL VOLUNTEER REGISTRATION FORM

All volunteers and Supervisors are required to complete this form. The College provides medical benefits for volunteers injured while performing duties on behalf of the College, as directed by the supervisor. The medical benefits is equal to the medical benefits required under the Compensation Law of the State of Maryland.

Be assured that this information is strictly confidential and for use only by the Montgomery College Office of Human Resources and Strategic Talent Management. **Completion of a background check and/or fingerprinting may be a requirement for some of the volunteer opportunities at the College.**

Section I: To be completed by the Volunteer

Name of the Volunteer: _____ Age (18 and under): _____
Street Address: _____ Apt #: _____
City: _____ State: _____ Zip: _____
Email Address: _____ Phone Number: _____

I hereby state that the above information is accurate as of this date.

X[] } c^! q Áã } æ !^K _____ Date: _____

Section II: To be completed by the Supervisor.

Begin Date for Assignment: _____ End Date for Assignment: _____
Work Schedule _____
Last name (Print): _____ Title: _____
Department/Division _____

Signature of Supervisor: _____ Date: _____

Ù] ^!çã [! q Á { æ /ãã ! ^••: _____ Ext: 7- _____

Return completed form to: Erica Bailey, M A
9221 Corporate Blvd; Rockville, MD 20850
Send via email to: Erica.Bailey@montgomerycollege.edu