

Montgomery County, Maryland PROFESSIONAL VOLUNTEER REGISTRATION FORM

Completion of this form is required of all professional volunteers

The Montgomery County Self-Insurance Program provides General Liability and Professional Liability Coverage for volunteers consistent with Article 20-37 of the Montgomery County Code and with The Maryland Local Government Tort Claims Act while performing duties on behalf of the County, as directed by their supervisor. The Montgomery County Self-Insurance Program also provides medical benefits equal to medical benefits required under the Workers' Compensation Law of the State of Maryland for volunteers who may become injured while volunteering.

Be assured that this information is confidential and for use only by the Division of Risk Management.

Please complete this form as accurately as possible.

Please Type or Print Clearly

Name: _____ Date of Birth: _____

Street Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Email address: _____ Primary Phone: _____

Professional License Number/Certificate Number (if any) _____

Expiration Date: _____ Do you have a professional or general liability policy? ☐ Yes ☐ No

If yes, please provide the Policy Number, Effective Dates and Name of Insurance Company:

Have any claims been alleged/filed against you in the past five years? ☐ Yes ☐ No

If yes, please describe: _____

Volunteer's Area of Specialty (Professional Practice): _____

Type of Service: _____

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

Volunteer's Signature: _____ Date: _____

County Supervisor's Signature: _____ Date: _____

Print Last Name of County Supervisor: _____ Phone Number: _____

County Department: _____ and Division: _____ (where Volunteer works)

Please note, the supervisor information must be completed BEFORE the volunteer information is entered in the Risk Management Volunteer Registration System (RMVRS)

Keep completed form with ORIGINAL SIGNATURES in accordance with Departmental Records requirements.

Please direct any questions to:

Division of Risk Management/Insurance Section
101 Monroe Street, 15th Floor
Rockville, Maryland 20850
240-777-8920

*If you will be driving on behalf of Montgomery County you must also complete a **Volunteer Driver Registration Form**.*