Montgomery County
Office of Consumer Protection
100 Maryland Avenue, Suite 330
Rockville, Maryland 20850
www.montgomerycountymd.gov/consumer
T: 240.777.3636
F: 240.777.3768

Volunteer/Intern Profile

☐ Bilingual Volunteer ☐ College Intern ☐ High School Intern ☐ Investigator Aide ☐ Office Assistant

CONTACT INFORMATION	
Your Name	Telephone Day
Address	Telephone Evening
City State Zip code	Telephone Cellular
E-mail	Fax
How did you learn about us? ☐ County Volunteer Center ☐OCP Webpage ☐ Other:	

SKILLS Please check all applicable skills/knowledge		
☐ Administrative/Clerical Support	☐ Home Improvement	☐ Photography
☐ Alternative Dispute Resolution	☐ Law Enforcement	☐ Web Content Management
☐ Auto Mechanic	☐ Legal	☐ Writing/Editing
☐ Event Coordination	☐ Marketing	☐ Other:
☐ Graphic Design	☐ Mortgage Loan Review	☐ Other:
☐ HOA/Condo Association By-Laws	☐ Personal Finance	☐ Other:

LANGUAGE SKILLS Please list any language(s) other than English that you speak/write		
☐ Verbal	☐ Written	☐ Translation
☐ Verbal	☐ Written	☐ Translation
☐ Verbal	☐ Written	☐ Translation

COMPUTER SKILLS			
Access	☐ Beginner	☐ Intermediate	☐ Advanced
Excel	☐ Beginner	☐ Intermediate	☐ Advanced
PowerPoint	☐ Beginner	☐ Intermediate	☐ Advanced
Social Networking	☐ Beginner	☐ Intermediate	☐ Advanced
Web Page Design	☐ Beginner	☐ Intermediate	☐ Advanced
Word	☐ Beginner	☐ Intermediate	☐ Advanced

PLEASE COMPLETE THE FOLLOWING
If accepted into the program, list the date you wish to start:
OCP requires a minimum of eight (8) hours per week. Please indicate the day(s) and time (specific hours) that you are available: ☐   ☐   ☐ ☐   ☐
NOTE: OCP requires a one year minimum requirement for volunteers except for High School and College Interns. Please indicate your proposed time of commitment:

PRIOR INTERNSHIP/VOLUNTEER EXPERIENCE		
Organization Name	Dates	Describe your duties

WORK EXPERIENCE		
Organization Name	Dates	Describe your duties

INFORMATION ABOUT YOUR VOLUNTEER INTEREST
Please describe in detail why you are interested in volunteering at the Office of Consumer Protection

REFERENCES	
Name	Telephone Day
Address	E-mail

Name	Telephone Day
Address	E-mail

Please return the completed form to ConsumerProtection@montgomerycountymd.gov.
Thank you for your interest in volunteering with the Office of Consumer Protection.