



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

<input type="checkbox"/> Administrative/Clerical Support	<input type="checkbox"/> Home Improvement	<input type="checkbox"/> Photography
<input type="checkbox"/> Alternative Dispute Resolution	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Web Content Management
<input type="checkbox"/> Auto Mechanic	<input type="checkbox"/> Legal	<input type="checkbox"/> Writing/Editing
<input type="checkbox"/> Event Coordination	<input type="checkbox"/> Marketing	<input type="checkbox"/> Other:
<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Mortgage Loan Review	<input type="checkbox"/> Other:
<input type="checkbox"/> HOA/Condo Association By-Laws	<input type="checkbox"/> Personal Finance	<input type="checkbox"/> Other:

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

<input type="checkbox"/> Verbal	<input type="checkbox"/> Written	<input type="checkbox"/> Translation
<input type="checkbox"/> Verbal	<input type="checkbox"/> Written	<input type="checkbox"/> Translation
<input type="checkbox"/> Verbal	<input type="checkbox"/> Written	<input type="checkbox"/> Translation

COMPUTER SKILLS

Access	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Excel	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
PowerPoint	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Social Networking	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Web Page Design	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Word	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> 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:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	

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

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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.