FOR OFFICE USE ONLY:
Date Entered:_____

Offices of the County Executive
Montgomery County Volunteer Center
401 Hungerford Drive, 1st Floor • Rockville, MD 20850
Voice: 240-777-2600 Fax: 240-777-2601 E-Mail: volunteer@montgomerycountymd.gov

Pro-Bono Consultant Program
VOLUNTEER APPLICATION

Name:_____ ☐ M ☐ F
First Last

Address:_____
Street Apt. No.

_____Are you over 50? Yes ☐ No ☐
City State Zip

Home Phone:_____ Work Phone:_____ Cell/Other:_____

E-mail(s) (Please print):_____

Please check boxes to indicate which numbers /email are best to contact you:

Home phone: ☐ Work phone: ☐ Cell phone: ☐ E-mail address: ☐

SKILLS

Please circle each skill for which you HAVE RECENT PROFESSIONAL EXPERIENCE

Human Resources	Publication design/layout	Volunteer management	Finance
Grant-writing	Event-planning	Training	Program Management
Strategic planning	Marketing	Public Relations	Editing/Writing
Artistic Design/Layout	Research	Accounting	Project Management
Database Creation	Database Report-writing	Website design	Website maintenance

This is by no means an exhaustive list – please use the space below to list other relevant skills sets that you would like to use as a consultant – this can be anything from public-speaking skills to experience working with special populations – list as many as you like!

Please attach a copy of your resume. If you do not have a resume that reflects your employment history, please answer Questions A and B. If you have attached a resume, this is not necessary.

A. Professional Certifications/Licenses Held (note – please list credentials, even if they are inactive – for example, “CPA – inactive, or “Microsoft Network Certification in 2000”)

B. Employment History:

Job Title	Employer	How Long

AVAILABILITY

Please use this space to provide information about your availability/nonavailability – for example, timeframes when you know you will be unavailable (example – "I leave the area Nov-Mar"), whether you need to work primarily from home, whether you need to work in the evenings, etc.	

PERSONAL

1. How did you learn about the Pro-Bono Consultant Program?

2. What interests you about volunteering with this program?

Other Volunteer Opportunities

1. Have you received information from the Volunteer Center about other volunteer opportunities? **Yes:** ☐ **No:** ☐

If no, check here if you want more information. ☐

2. If you are 55 years of age or older, you receive certain benefits (such as automobile, liability and injury insurance while volunteering) through our RSVP program. If you are over 55, please provide your birthdate and Volunteer Center staff will contact you with information about the benefits.

Please list two **professional** references who we may contact. They may be current or former employers, work associates, clients or anyone else who could give an informed reference regarding your professional experience.

Name	**Relationship**	**How long has this person known you?**	**Telephone/ Email**
_____	_____	_____	_____
Reference #1			
_____	_____	_____	_____
Reference #2			

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