

Montgomery County, Maryland

GENERAL VOLUNTEER REGISTRATION FORM

Completion of this form is required by all volunteers. The Montgomery County Self-Insurance Program provides medical benefits for volunteers injured while performing duties on behalf of the County as directed by the supervisor, equal to medical benefits as required to be provided under the Workers' Compensation Law of the State of Maryland. The Montgomery County Self-Insurance Program also provides General Liability Coverage to volunteers. Details of coverage may be discussed with the Division of Risk Management. Please complete this form as accurately as possible. Be assured that this information is confidential and for use only by the Division of Risk Management.

Please Type or Print Clearly

Name: _____ Age: _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Driver's License Number: _____ Expiration Date: _____

Volunteer's Area of Specialty: _____

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

Volunteer's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Print Last Name of Supervisor: _____ Phone No.: _____

Department/Division: _____ Division Volunteer Worked: _____

(Please note, the supervisor information **must** be completed before this form is sent to the Division of Risk Management.)

Return To: Division of Risk Management/Insurance Section
101 Monroe Street, 5th Floor
Rockville, Maryland 20850

Refer questions to Mr. Ray Gulhar, Financial Programs Manager, (240) 777-8925.

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