



**MONTGOMERY COUNTY STATE'S ATTORNEY'S OFFICE
COMMUNITY OUTREACH UNIT
TRUANCY PREVENTION PROGRAM
VOLUNTEER APPLICATION**

PLEASE PRINT CLEARLY.

NAME: (as it appears on your driver's license or identification card):		
First:	Middle:	Last:
PHONE: Cell Home Work	EMAIL:	
STREET ADDRESS	City State Zip Code	
How did you hear about this volunteer opportunity?		
Are you available during any business hours, Monday-Friday 9 AM - 11 AM, or 12: 30 PM - 3:00 PM? No <input type="radio"/> Yes <input type="radio"/>		
What days and times are you available?	VETERAN No <input type="radio"/> Yes <input type="radio"/>	
PREFERRED POSITION Check all areas of interest	CURRENT STATUS	
Facilitator <input type="radio"/>	Employed <input type="radio"/>	Unemployed <input type="radio"/>
Mentor <input type="radio"/>	Retired <input type="radio"/>	Student <input type="radio"/>
Site Coordinator <input type="radio"/>		
Company name with position/title, if applicable; Affiliation or School		
Educational Background	Schools	Degree/Year Earned

Availability: Which days and time of the week are you available?

*check all that apply

Monday

Thursday

Tuesday

Friday

Wednesday

Please explain why you want to volunteer with the Truancy Prevention Program.

Describe your life experiences, profession and volunteer work which you feel will contribute positively to your volunteer role with the Truancy Prevention Program.

What would you hope to give to the middle school children served by the Truancy Prevention Program either as facilitator, site coordinator or mentor?

Have you ever been convicted of a crime? If yes, when, and please explain:	Yes <input type="radio"/>	No <input type="radio"/>
Commitment: * Note: 10-weeks to a semester	One semester <input type="radio"/>	More than one semester <input type="radio"/>
Languages spoken:		
Emergency Contact Name: Relationship: Cell Phone:		
Home Phone:		

REFERENCES: Please provide contact information for three persons who have known you for at least two (2) years and well enough to vouch for your character, professionalism, work ethic. If you are employed, one of those persons must be your employer or supervisor. Reference will remain strictly confidential.

Name: Company/Affiliation: Relationship to Applicant:	Daytime Phone: Email:
Name: Company/Affiliation: Relationship to Applicant:	Daytime Phone: Email:
Name: Company/Affiliation: Relationship to Applicant:	Daytime Phone: Email:

The above information is true to the best of my knowledge. I grant permission to the State's Attorney's Office to verify any of the information provided. I also agree to fingerprinting, criminal background check, and child welfare check as necessary.

Printed Name

Signature

Date

****** Please read and sign the Volunteer Agreement ******

VOLUNTEER AGREEMENT:

The mission of the Truancy Prevention Program (TPP) of the State's Attorney's Office (SAO) is to improve attendance of middle school children by discovering the root causes of truancy and assisting students and their families with issues that impact attendance. Through a ten-week program operated in conjunction with Montgomery County Public Schools, and a network of volunteers who mentor the youth, the Truancy Prevention Program is a voluntary and supportive program designed to keep children in school, families out of court, and improve the overall success of students.

The students enrolled in the TPP are minors. The State's Attorney's Office asks that our volunteers adhere to the highest code of ethics. TPP volunteers are expected to maintain appropriate and professional relationship with our students at all times.

If I am accepted as a TPP volunteer, I will not:

- Divulge or discuss information about clients and truancy proceedings, or in any way violate the family or child's confidentiality;
- Contact students directly outside of the sessions or volunteer duties or engage in any personal relationship with a child or their family unless I have express permission from program staff;
- Use inappropriate language;
- Recommend, discuss, or refer a child or family to therapy, treatment plan, family services or the like (there are Counselors and Pupil Personnel Workers in the TPP team who are better equipped to make such recommendations);
- Make promises of service, give money, personal gifts or favors, or provide transportation to students or their families.

If I am accepted as TPP volunteer, I agree to:

- Commit to at least one semester (ten weekly meetings);
- Be punctual and regular in attendance; notify supervisor(s) in advance if I cannot work as scheduled;
- Not expect compensation as a result of my volunteer work;
- Provide my own transportation to and from the school sites for the TPP sessions;
- Notify my supervisor(s) of my plans to resign at least 2 weeks in advance;
- Attend orientation, participate in pre-service and in-service training;
- Report suspected child abuse and neglect to the TPP Program Manager or Volunteer Coordinator if I suspect this to be occurring or has occurred;
- Submit to background checks as may be required by the State's Attorney's Office.

Printed Name

Signature

Date

THANK YOU for completing this application form, and for your interest in volunteering with us.

Please return the completed form to:

Rebecca Marcolini - TPP Program Manager, State's Attorney's Office

Email: Rebecca.Marcolini@montgomerycountymd.gov

Office address: 50 Maryland Avenue, Rockville, MD 20850 Tel. 240-777-7370

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, comparable 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 consistent with Article 20-37 of the Montgomery County Code and with The Maryland Local Government Tort Claims Act. 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: _____ *Date of Birth _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Email address _____ Primary Phone: _____

Volunteer's Area of Specialty: _____

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

Volunteer's Signature: _____ Date: _____

*VOLUNTEERS UNDER AGE 18 MUST HAVE THE FOLLOWING SECTION COMPLETED BY A PARENT &/OR LEGAL GUARDIAN.

I am the parent and/or legal guardian for _____, a minor. I hereby give my permission for him/her to perform volunteer services for Montgomery County Department of _____

Parent/Legal Guardian Signature: _____ Date: _____

This part to be completed by the Volunteer's County Govt. Supervisor

County Supervisor's Signature: _____ Date: _____

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

County Department: _____ and Division: _____ (where Volunteer will work)

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

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 Driver Volunteer Registration form.



Authorization to Obtain Pre-Employment Background Information

Release of Information for Employment Purposes. In connection with my application for employment with the Montgomery County State's Attorney's Office, hereafter "employer", pursuant to 15 U.S.C. §1681, *et. seq.*, I hereby authorize employer and its designated agents and representatives to conduct a pre-employment background check. I understand the scope of the report will be limited to the following areas: verification of Social Security number; current and previous residences; criminal and civil history including records from any criminal justice agency in any or all federal, state, county or international jurisdictions; and motor vehicle records, including traffic citations and registration. This authorization specifically excludes the release of credit and medical information.

PLEASE TYPE OR PRINT NEATLY

Applicant Information		Used for identification purposes only		All applicable fields are required			
Last Name		First Name		Full Middle Name or "NMN"			
Date of Birth (MM/DD/YYYY)		Gender/Race		All other names/aliases previously used			
Do you have a valid driver's license or a State issued identification (Yes/No)?		License/identification number		Issuing State of license/identification			
Residential Address Information							
Current address:							
From	Present	Street Address	City	State	Zip Code	Country	
<ul style="list-style-type: none"> I understand that I must provide my date of birth to adequately complete this screening and acknowledge that my birthdate will not affect any hiring decisions. I hereby release employer and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me because of compliance with this authorization. I authorize the Montgomery County State's Attorney's Office to conduct this Pre-Employment Check, pursuant to the Fair Credit Report Act, 15 U.S.C. §1681, <i>et. seq.</i> You have the right under that statute, to request, from the investigative agency performing the background check, the report they have prepared in conjunction with your application for employment. You have authorized and requested all courts and law enforcement agencies to release such information without restriction or qualification. 							
Applicant Signature and Date				Parental Signature (if under 18) and Date			
Montgomery County State's Attorney's Office Use ONLY							
PIN		Position/Contractor		Department		Section/Location	
Submitted		Posted		Contact		Contact Phone #	

Montgomery County State's Attorney's Office is a drug free workplace. Montgomery County State's Attorney's Office is an affirmative action, equal opportunity employer and prohibits discrimination on the basis of race, sex, sexual orientation, gender identity, religion, age, color, creed, national or ethnic origin, disability, marital status, genetic information, criminal conviction, and/or military status.