



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:			
Volunteer Date:			
I hereby state that the above informatio	n is correct as of this date		
Program dates: Oct. 12, 26 • Nov. 2, 9 •	Dec. 14, 21 • Jan. 11, 18 • F	Feb. 8, 22 • March 8, 22	
Volunteer's Signature:		Date:	
	<u>E 18</u> MUST HAVETHE FOL PARENT &/OR LEGAL GU	LOWING SECTION COMPLETED JARDIAN.	
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:			
This part to be completed by the Volunt			
County Supervisor's Signature:		_ Date:	
Print Last Name of County Supervisor:		Supv. Phone No.:	
County Department:	and <u>Division</u> :	(where Volunteer will work)	
(Please note, the su	pervisor information mus	st be completed BEFORE	

this form is sent to the Division of Risk Management.)

Return completed form with ORIGINAL SIGNATURES 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.