Club FRIDAY

MONTGOMERY COUNTY Recreation

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.

Dates: October 21 • November 4, 8 • December 2, 16 January 6, 20 • February 3, 17 • March 3, 17

Date You Will Volunteer: _____

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 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.