

Montgomery County Department of Recreation Therapeutic Recreation Volunteer Registration

I. Personal Data

Name: _____ Sex: Male Female
Address: _____
Phone (hm:) _____ (Cell) _____ Work _____
Email: _____
Contact in Emergency: _____
Phone (hm:) _____ (Other) _____

II. Background and Interests

- What education and training have you completed?
Elem./ Middle/ High School: 5 6 7 8 9 10 11 12
Undergraduate/ Graduate Major and Degree: _____
- Current Occupation/School: _____
 Full-time Part-time
- Special skills, interests, hobbies, languages: _____

- What is motivating you to volunteer? Career exploration
 School community service requirement court ordered requirement
 Others: _____
- What other information about yourself might assist us in your placement?

III. Volunteer Interests

- What would interest you as a volunteer? (Check all that apply)
- Performing data entry Coaching youth sports
 - Serving on an Advisory Board Helping at Special Events
 - Uncertain Helping in children's programs
 - Working with individuals with disabilities Providing office support
 - Assisting with senior citizens Working at a pool/ swimming program
- In a specialty area: _____ other: _____
- What age group most interests you?
 Teens Adults Preschoolers Elem. Age
 Senior Citizens No preference

IV. Availability

- At what times are you available to volunteer?
 Daytime Evenings Weekends Flexible
 Explain preferences: _____
- Are there times when you cannot volunteer?

- Do you have a geographic preference? Yes No
 Where: _____

V. Demographic Information

- For teens under 18 years of age:
 Date of Birth: _____ Age: _____
- For adults, please circle your age category:
 18-24 25-29 30-35 36-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75+
- To assist us in following equal opportunity guidelines, please complete the information below (optional):
 Race Category: American Indian, Eskimo, Aleut, Caucasian (not Hispanic) Asian or Pacific Islander, Hispanic
 Black/ African American

VI. References

Please list three people as personal references who are not related to you and have known you for one year:

Name	Day phone	Evening Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

VII. Validation

- I understand that if I require an accommodation to perform my volunteer assignment, I need to discuss any medical or other needs with the person in charge prior to beginning the assignment.
- I acknowledge that my signature validates the above information as correct and I'm looking forward to volunteering with Montgomery County Department of Recreation.
 Volunteer Signature: _____ Date _____
- The Signature below validates the acceptance of the above named individual.
 Staff Signature: _____ Date: _____

Return To: Montgomery County Department of Recreation
Attention: Volunteer Coordinator
4010 Randolph Road, Silver Spring, MD 20902