



GENERAL VOLUNTEER REGISTRATION FORM

All volunteers and Supervisors are required to complete this form. The College provides medical benefits for volunteers injured while performing duties on behalf of the College, as directed by the supervisor. The medical benefits is equal to the medical benefits required under the Compensation Law of the State of Maryland.

Be assured that this information is strictly confidential and for use only by the Montgomery College Office of Human Resources and Strategic Talent Management. ***Completion of a background check and/or fingerprinting may be a requirement for some of the volunteer opportunities at the College.***

Section I: To be completed by the Volunteer

Name of the Volunteer:	_____	Age (18 and under):	_____
Street Address:	_____	Apt #:	_____
City:	_____	State:	Zip: _____
Email Address:	_____	Phone Number	_____

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

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Section II: To be completed by the Supervisor.

Begin Date for Assignment:	_____	End Date for Assignment:	_____
Work Schedule	_____		
Gi dYf j Jgc fD: Jf ghUbX' Last name (Print):	_____	Title:	_____
Department/Division	_____		

Signature of Supervisor: _____ Date: _____

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