

## Montgomery County, Maryland

### GENERAL VOLUNTEER REGISTRATION FORM

Completion of this form is required by all general 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: \_\_\_\_\_

**Please direct any questions to your County Supervisor.**

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*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: \_\_\_\_\_ 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.

County supervisors, please direct any questions to:  
Division of Risk Management/Insurance Section  
101 Monroe Street, 15th Floor  
Rockville, Maryland 20850  
240-777-8920