

# Montgomery County, Maryland DRIVER VOLUNTEER REGISTRATION FORM

Completion of this form is required by all volunteers who drive on County business.

In case of an automobile accident involving bodily injury to others or property damage to others, the primary insurance coverage limits **on the volunteer's vehicle** will come first toward payment of all claims. The Montgomery County Self-Insurance Program's liability insurance coverage on non-owned or volunteers' vehicles is secondary/excess coverage and will take effect only after the volunteer's primary coverage limits are exceeded. The Montgomery County Self-Insurance Program provides General Liability Coverage for volunteers consistent with Article 20-37 of the Montgomery County Code and with The Maryland Local Government Tort Claims Act while performing duties on behalf of the County, as directed by their supervisor. The Montgomery County Self-Insurance Program also provides medical benefits equal to medical benefits required under the Workers' Compensation Law of the State of Maryland for volunteers who may become injured while volunteering.

**Be assured that this information is confidential and for use only by the Division of Risk Management.**

**Please complete this form as accurately as possible.**

**Please Type or Print Clearly**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Make & Year of Your Vehicle: \_\_\_\_\_

General Condition of Vehicle: \_\_\_\_\_

License Tag Number: \_\_\_\_\_ State: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Motor Vehicle Insurance Company: \_\_\_\_\_

Insurance Agent's Name, Address and Telephone Number: - \_\_\_\_\_

Have you had any driving violations or accidents in the past three years?  Yes  No

If yes, furnish date, description of points charged, fines, suspensions or revocation of permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print County Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

County Department: \_\_\_\_\_ and Division: \_\_\_\_\_ (where Volunteer works)

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