

OFFICE USE ONLY:

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Location

Bkgrnd Check
Start Date

Position

Supervisor

HOUSING OPPORTUNITIES COMMISSION VOLUNTEER APPLICATION

Return to: Stephanie Semones, Volunteer Coordinator, HOC, 8343 Fairhaven Drive, Gaithersburg, MD 20877
Phone: 301-355-7399, Fax: 301-869-5222, Email: stephanie.semones@hocmc.org

Name:			
Last	First	MI	
Address:			
Street	Apt.	City	State
Zip Code			
Home Phone:	E-Mail	Work Phone:	
Are you a resident of HOC? (circle) Yes No Where would you like to volunteer?			
Are you under age 18? (circle) Yes No If so, Date of Birth: School:			
Grade:			
Education: (Please note highest level achieved, name of institution, and area of specialty)			
Employer:		Position:	
How did you hear about volunteer opportunities at HOC?			
What type of volunteer position are you seeking?		How far are you willing to travel?	
Availability (Circle those that apply)			
As Needed	Regular Basis	S M T W TH F S	Morning Afternoon Evening
Have you ever been convicted of an offense in adult court ? (Circle) Yes No			
If yes, please explain briefly:			
Do you have a mental health or physical condition that may require accommodations and/or limit your volunteer activities? (Circle) Yes No If yes, please explain briefly:			
Please list previous & current volunteer experience:			
Please list special interests, skills, foreign languages, etc:			
References			
1) Name	Address	Phone	
2) Name	Address	Phone	
EMERGENCY CONTACT			
Name	Relationship	Phone	Address

Please Note: *The Housing Opportunities Commission does not discriminate in the placement of volunteers because of race, creed, sex, color, age, political or union affiliation, religion, national origin, physical or mental handicap. Placements are made based on individual skills, interests, and availability.*

(OVER)

Requested by Personnel/Volunteer Service

PART ONE – TO BE COMPLETED BY ALL VOLUNTEER APPLICANTS

The Montgomery County Self-Insurance Program provides medical benefits for volunteers injured while performing duties on behalf of the Housing Opportunities Commission (HOC) 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 HOC Human Resources Office. Please complete this form as accurately as possible. Be assured that this information is confidential and for use only by Human Resources and Volunteer Services. **If you will be driving on behalf of Housing Opportunities Commission, please complete a Driver Volunteer Registration form. Refer insurance questions to Bill Anderson, 240-773-9072.**

Confidentiality Agreement: I understand that, in the performance of my volunteer duties for the Housing Opportunities Commission (HOC), I may have access to confidential information about an HOC resident. I agree to keep the information confidential and understand that I am permitted to discuss such information only with my HOC supervisor or the program coordinator. I understand that any violation of the confidentiality of this information may result in my dismissal as a volunteer and/or possible legal action taken against me.

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

Applicant's Signature: X _____ Date: _

If Minor, Parent/Guardian's Signature: X _____ Date: _

Interviewer's Name: _____ Position: _____

Interviewer's Signature: X _____ Date: _

PART TWO – TO BE COMPLETED BY ADULT APPLICANTS ONLY

Release of Personal Information: In connection with the consideration of my application for a volunteer position with the Housing Opportunities Commission, I hereby authorize a review and examination of any and all arrest, trial and other criminal records made available to HOC or its agents for the purposes of determining my suitability for the volunteer position for which I have applied. It is understood that HOC will not disclose or provide this information to others, but will utilize the material solely in determining my suitability for a volunteer placement, and if necessary, my continued occupancy of a unit as a tenant of HOC. I agree to release HOC from any and all claims, damages, losses and expenses arising out of the utilization of any information which is made available to it in connection with my volunteer application.

Criminal Background Check: I, the undersigned, agree and understand that the following information is required for the purpose of conducting a criminal history check **only** for employment or a volunteer placement with the Housing Opportunities Commission.

I, the undersigned, hereby certify that I have fully read & comprehended this form in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand any statement that I have made which proves to be false, misleading or erroneous, may result in the rejection of my application or in my immediate discharge at any time thereafter should I be placed as a volunteer with HOC.

Signature: _____ **Date:** _____

Full Name: _____
_____ (PRINT) Last First

M.I. _____ **Maiden** _____

Current Address: _____

Date of Birth: _____ **Place of Birth:** _____

Social Security Number: _____ **Driver's License Number:** _____

Race: _____ **Do you have any prior criminal convictions?**