



10400 Detrick Avenue  
Kensington, Maryland 20895-2484  
(301) 929-6700

3930 Knowles Avenue, Suite 206  
Kensington, MD 20895-2484  
(301) 929-5677

## GENERAL VOLUNTEER REGISTRATION FORM

Completion of this form is required by all volunteers. 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.

**Please Type or Print Clearly**

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

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

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

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

Volunteer's Area of Specialty: \_\_\_\_\_

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

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

For Minors, Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Print Last Name of Supervisor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Department/Division: \_\_\_\_\_ Division Volunteer Worked: \_\_\_\_\_

**Return To:** Gail Gunod-Green, Volunteer Coordinator **Refer questions to Bill Anderson, 301-929-2361**  
Housing Opportunities Commission  
3930 Knowles Ave., Suite 206  
Kensington, MD 20895

**If you will be driving on behalf of the Housing Opportunities Commission, you must first speak with the Volunteer Coordinator and complete a Driver Volunteer Registration form.**

COPIES-Volunteer Coordinator, Supervisor, Volunteer  
REVISED 3/2001





**HOUSING  
OPPORTUNITIES  
COMMISSION**  
OF MONTGOMERY COUNTY, MD

**DRIVER VOLUNTEER REGISTRATION FORM**

Completion of this form is required by all volunteers who drive on Housing Opportunities Commission (HOC) 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 medical benefits for volunteers injured while performing duties on behalf of 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. 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.

**Please Type or Print Clearly**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

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: \_\_\_\_\_

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

Division/Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(Please note, the supervisor information **must** be completed **before** this form is sent to the Volunteer Coordinator)

**Return To:** Gail Gunod-Green, Volunteer Coordinator  
Housing Opportunities Commission  
3930 Knowles Avenue, Suite 206  
Kensington, MD 20895

**Refer questions to Bill Anderson, 301-929-2361**