



HOUSING OPPORTUNITIES COMMISSION VOLUNTEER APPLICATION

Name (please print):			
Address:		Apt#:	City: State: Zip:
Home Phone:		Work Phone:	Email:
Date of Birth:		Place of Birth:	Race:
Social Security Number:		Driver's License Number:	
Are you a resident of HOC? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where would you like to volunteer?			
Highest Level of Education:		Name of Institution:	Major:
Employment Status: <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Employed			
<i>If employed, please provide your Employer Name and Address:</i>			
How did you hear about volunteer opportunities at HOC?			
What type of volunteer position are you seeking?		What date are you available to start?	
Please select your Availability (please circle all that apply): As Needed Full-Time Part-Time			
Monday	Yes	No	If yes, what time?
Tuesday	Yes	No	If yes, what time?
Wednesday	Yes	No	If yes, what time?
Thursday	Yes	No	If yes, what time?
Saturday	Yes	No	If yes, what time?
Sunday	Yes	No	If yes, what time?
Have you ever been convicted of a criminal offense as an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answered yes, please briefly explain:</i>			
Do you require accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answered yes, please briefly explain:</i>			
Please list previous and current volunteer experience:			
Please list special interests, skills, foreign languages, etc.:			
References (please list two)			
Name:		Email:	Phone:
Name:		Email:	Phone:
Emergency Contact:			
Name:		Relationship:	Phone:

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.



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PART ONE – TO BE COMPLETED BY ALL VOLUNTEER APPLICANTS

Montgomery County Self-Insurance Program: The Montgomery County Self-Insurance Program provides medical benefits to 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 the HOC Volunteer Program.

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 Volunteer program staff. 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 information provided on this form is correct as of this date.

Applicant's Signature:

Date Signed:

Parent or Guardian's Signature:
(If under 18 years of age)

Date Signed:

PART TWO – TO BE COMPLETED BY ADULT APPLICANTS ONLY

Release of Personal Information: I, the undersigned, 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 with the Housing Opportunities Commission. 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 and Fingerprinting: I, the undersigned, agree and understand that volunteers at HOC may interact with minors, elderly, and other vulnerable populations. Because of these potential interactions, all volunteers must consent to a criminal background check that may include fingerprinting. I, the undersigned, agree and understand that the background check and fingerprinting is used solely to evaluate my potential volunteer placement with the Housing Opportunities Commission, and the background check and fingerprinting does not create an employer/employee relationship. I, the undersigned, agree and understand that the following information is required for the purpose of conducting a criminal history check for my volunteer placement with the Housing Opportunities Commission.

I, the undersigned, hereby certify fully that I have read and comprehend this form in its entirety and that the information within 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 my immediate discharge at any time thereafter should I be placed as a volunteer with HOC.

Applicant's Signature:

Date Signed:

PART THREE – TO BE COMPLETED BY PARENTS OF YOUTH APPLICANTS ONLY

I understand that the minimum age to volunteer without parent supervision is 14 years old. Youth 11-13 years old must have a parent present to volunteer at HOC. I permit my child, the applicant, to volunteer for the activity, location, and dates described above. I understand that the Housing Opportunities Commission of Montgomery County ("HOC") assumes no liability for injury or damages as a result of my child's participation. I hereby approve my child's participation in HOC programs as a volunteer and consent to emergency treatment for my child on my behalf. To the best of my knowledge, there are no physical or other conditions that will interfere with my child's participation. I expressly release HOC from all liability, claims, or obligations which may arise out of the volunteer activity and further indemnify and hold harmless HOC from the same.

Parent or Guardian's Signature:
(If under 18 years of age)

Date Signed: