



MONTGOMERY COUNTY PLANNING DEPARTMENT
THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION

VOLUNTEER APPLICATION

Please type or print clearly

Personal

Name: _____
Last First MI Preferred Name

Address: _____
No. Street City State Zip Code

Occupation: _____ Employer: _____

Day Phone# () _____ - _____ Evening Phone # () _____ - _____

E-mail Address: _____

I am under 18: Yes No Birthdate 18+ (optional) ____ / ____ / ____

Education

High School: _____ Graduation Date: _____

College: _____ Major: _____

Degree(s): _____ Other: _____

Volunteer and Employment History

Have you ever volunteered for Montgomery County Department of Planning? Yes No

Have you ever volunteered for Montgomery County Department of Parks? Yes No

If so where? _____

Supervisor: _____ Date ____ / ____ / ____

List and give brief description of duties for your three most recent work/volunteer experiences:

- 1. _____
- 2. _____
- 3. _____

Hobbies & Interest:

Memberships, Affiliations & Clubs

Special Training

List any course work, training or experience which may be applicable: _____

Special Skills

Check any skills that you are proficient and would like to share:

- Organizing Office Work Languages (List): _____
- Computer Data Entry Talking/Directing People
- Languages (List): _____
- Other: _____

Availability

When are you available to volunteer? Morning Afternoon Evening
 Preferred Day(s): M T W T
 Hours/Week: _____ Days/Month: _____
 How did you hear about this opportunity? _____
 Why are you interested in volunteering with the Montgomery County Planning Department?

Is your volunteer work to be used towards credit or fulfillment of a community service or school requirement? Yes No Please describe: _____

Medical

Do you have any medical condition that would interfere with your ability to volunteer? _____
 Please specify: _____

Emergency Contact:

Name: _____ Phone # () ____ - _____ Relationship: _____

Criminal and/or Civil Court Record (a conviction does not exclude you from consideration for volunteering.)

Have you ever been convicted for other than minor traffic violations? Yes No
 If yes, please give complete detail: _____

References Provide information for two references of persons not related to you:

1. _____

Name	Address	Phone #	Relationship
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2. _____

Name	Address	Phone #	Relationship
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I certify that the information stated on this application is true and correct to the best of my knowledge and is made in good faith. Any false statements made by me, may be used as rejection of this application.

Signature _____ **Date** ____ / ____ / ____

It is the intent of the Commission to provide equal opportunity to all volunteers, in all terms, privileges and conditions without regard to sex, race, religion, national origin, physical disability, or any other factor.

Thank you for taking the time to complete this application. We look forward to working with you and appreciate your generous offer of your time and abilities.