

OFFICE USE ONLY:

Photo ID Checked

Background Check

Position

Supervisor

Location

Start Date



HOUSING OPPORTUNITIES COMMISSION VOLUNTEER APPLICATION

Return to Ali Khademian, HOC, 10400 Detrick Avenue, Kensington, MD 20895
 Phone: 240-627-9608 or email: Ali.Khademian@hocmc.org

Name:		
Last	First	MI
Address:		
Apt#	City:	State: Zip:
Home Phone: () -	E-Mail:	Work Phone: () -
Are you a resident of HOC Yes <input type="checkbox"/> No <input type="checkbox"/> Are you 18yrs or older Yes <input type="checkbox"/> No <input type="checkbox"/>		
Where would you like to volunteer?		
Education: <i>(Please note highest level achieved, name of the institution and area of specialty)</i>		
Employment Status: Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Employer Name: Address:		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?	
Please select your Availability: As Needed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> From: AM <input type="checkbox"/> PM <input type="checkbox"/> To: AM <input type="checkbox"/> PM <input type="checkbox"/>		
Have you ever been convicted of an offense in <u>adult court</u>? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please briefly explain:</i>		
Do you have a mental health or physical condition that may require accommodations and/or limit your volunteer activities? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please briefly explain:</i>		
Please list previous & current volunteer experience:		
Please list special interests, skills, foreign languages, etc.:		
References:		
1) Name:	Email:	Phone: () -
2) Name:	Email:	Phone: () -
EMERGENCY CONTACT	Address:	Phone: () -
Name:	Relationship:	

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.

Requested by Personnel/Volunteer Service***PART ONE – TO BE COMPLETED BY ALL VOLUNTEER APPLICANTS***

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 Volunteer Services

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: _____ **Date:** _____

If Minor, Parent/Guardian's Signature: _____ **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 fully that I have read & comprehended 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.

Signature: _____ **Date:** _____

Full Name: Last: _____ **First:** _____ **MI:** _____ **Maiden:** _____
Current Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Date of Birth: _____ **Place of Birth:** _____
Social Security Number: - - _____ **Driver's License Number:** - - - - _____
Race: _____ **Do you have any prior criminal convictions? Yes** **No**