



COMMUNITY MINISTRIES OF ROCKVILLE

AGNES SAENZ
Executive Director

1010 Grandin Avenue, Suite A-1, Rockville, MD 20851 • Telephone: 301-637-0730 • Fax: 301-637-0739 • Website: CMRocks.org

VOLUNTEER INFORMATION FORM

Full Name: _____

Home Address: _____

Phone: _____ Alternate Phone: _____

E-mail Address: _____

Emergency Contact Name: _____ Relationship: _____

Contact Phone/Address: _____

Age and Birthdate if 18 or Younger: _____

How did you hear about CMR and Volunteer Opportunities?: _____

Are you responding to a specific opportunity? No Yes: _____

In what languages are you fluent?: _____

What motivates you to volunteer (circle all that apply)?:

Personal Satisfaction

School Requirement

Career Exploration

Court Ordered Requirement

Other _____

For Court ordered or recommendation of attorney, please tell us about charges and number of community service hours required: _____

Are you interested in (circle all that apply):

Ongoing opportunities (weekly or more)

One-time opportunities

Internship

On-Call opportunities

When are you available?: *mornings* *afternoons* *evenings*

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Other: _____

Tell us a little about yourself: _____

For which CMR programs are you interested in volunteering (check all that apply)?

CMR Office Elderly Ministries Holiday Giving
 Jefferson House Kaseman Health Clinic Language Outreach Program (LOP)
 Rockland House Rockville Emergency Assistance Program (REAP)

What areas interest you (check all that apply)?:

Board/Committee member Special Events Communications
 Office/Clerical Outreach Database Management
 Graphic Design Grant Research Fund Raising
Direct Contact with Clients: elderly non-english speakers children
 financially vulnerable medically vulnerable
 Tutor/Mentor Recreation Childcare Eldercare Teach a skill

We take seriously our responsibility to protect our clients, volunteers, and staff. Therefore, all potential staff and volunteers provide a list of references we may contact and also agree to allow CMR to conduct a background check.

Please list three (3) people as personal references who are not related to you and who have known you for at least one year:

Name	Day Phone	Evening Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Permission to Perform Background Check and Statement

I hereby give permission to Community Ministries of Rockville to perform a check of my background, including checking public records related to:

- Criminal Background Check
- Driving Record
- Personal References
- Volunteer or Work references

as is appropriate based on the volunteer work I wish to perform.

Any information obtained through the background check is confidential and will be shared with no other individuals except CMR personnel directly involved in the specific volunteer position I wish to hold. I understand I am not required to give permission for this background check but failure to do so may exclude me from consideration as a CMR volunteer.

Signed: _____ **Date:** _____

I attest all information provided in this form is accurate and complete to the best of my knowledge.

Signed: _____ **Date:** _____

Return this form to:

andreakwink@CMRocks.org Fax 301-637-0739 1010 Grandin Ave. #A1 Rockville, MD 20851