



**Community Reach**  
of Montgomery County

1010 Grandin Ave., Ste. A-1  
Rockville, MD 20851  
Phone: 301-637-0730  
Fax: 301-637-0739

FORMERLY CMR-COMMUNITY MINISTRIES OF ROCKVILLE

**CMRocks.org**

## VOLUNTEER INFORMATION FORM

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Age and Birthdate (if 18 or Younger):** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Contact Phone/Address:** \_\_\_\_\_

**How did you hear about "Reach" and Volunteer Opportunities?** \_\_\_\_\_

**Are you responding to a specific opportunity?** No Yes: \_\_\_\_\_

**In what languages are you fluent?** \_\_\_\_\_

**What motivates you to volunteer (check 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 opportunities that are (check all that apply):**

*Ongoing (weekly or more)    One-time    Internship    On-Call*

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

*Mon.\_\_\_\_ Tues.\_\_\_\_ Wed.\_\_\_\_ Thurs.\_\_\_\_ Fri.\_\_\_\_ Sat.\_\_\_\_*

**Other:** \_\_\_\_\_

**Tell us a little about yourself:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**For which Community Reach of Montgomery County programs are you interested in volunteering (check all that apply):**

- Reach Office                       Senior Reach Program                       Holiday Giving  
 Housing Program                       Language Outreach Program (LOP)  
 Mansfield Kaseman Health Clinic                       Rockville Emergency Assistance Program (REAP)

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

- Board/Committee Member                       Special Events                       Communications                       Outreach  
 Office/Clerical                       Grant/Fundraising Research                       Database Management  
 Tutor/Mentor Clients                       Assist with Childcare                       Handyman Services                       Teach a skill  
 I am interested in working directly with vulnerable clients who are (check all that apply):  
     Senior Citizens                      Facing Financial Crisis                      Medically Uninsured  
     Recent Immigrants                      Previously Homeless                      Children/Teenagers

**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 agree to allow Community Reach of Montgomery County 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**I hereby give permission to Community Reach of Montgomery County to perform a check of my background, including checking public records related to:**

~ Criminal Background    ~ Personal References    ~ Driving Record    ~ Work/Volunteer References  
 Any information obtained through the background check is confidential and will be shared with no other individuals except Reach's 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 Reach volunteer.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_