



Community Reach
of Montgomery County

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Rockville, MD 20851

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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 (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 opportunities that are (circle all that apply):

Ongoing (weekly or more)

One-time

Internship

On-Call

When are you available?:

mornings

afternoons

evenings

Mon. _____

Tues. _____

Wed. _____

Thurs. _____

Fri. _____

Sat. _____

Other: _____

Tell us a little about yourself: _____



Featured in the 2018/2019 Catalogue for Philanthropy.

"One of the best small charities in the Greater Washington region."



UW CODE 8420

CFC CODE 34303

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

- Community 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 (circle applicable):
 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 Community Reach 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 Community Reach volunteer.

Signed: _____ **Date:** _____