

# VOLUNTEER CONSENT TO PERFORM CHECK OF STATE AND NATIONAL SEX OFFENDER REGISTRIES

\_\_\_\_\_  
Last Name    First Name    Middle Initial

\_\_\_\_\_  
List all names ever used (maiden, married, alias, etc.; continue on additional pages if needed):

\_\_\_\_\_  
Current Address    City    State and Zip Code

\_\_\_\_\_  
Date of Birth

**List any additional addresses of residence over the last five years.**

CITY/TOWN	STATE	DATES FROM	TO

I hereby authorize Montgomery College to obtain information from Maryland's Sex Offender Registry and from the sex offender registers in every state in which I have resided. I acknowledge the background check must be conducted before I may be offered a volunteer position with Montgomery College.

I acknowledge that I may be denied a volunteer position or may be terminated as a volunteer based on the results of the information obtained from the sex offender register. I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied a volunteer position or, if already accepted, terminated from my position.

**I hereby certify that all information provided in this authorization is true, correct, and complete.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Applicant Signature \_\_\_\_\_

2020 Maryland Science Bowl

Submit Completed Form by December 20

## GENERAL VOLUNTEER REGISTRATION FORM

All volunteers and Supervisors are required to complete this form. The College provides medical benefits for volunteers injured while performing duties on behalf of the College, as directed by the supervisor. The medical benefits is equal to the medical benefits required under the Compensation Law of the State of Maryland.

Be assured that this information is strictly confidential and for use only by the Montgomery College Office of Human Resources and Strategic Talent Management. **Completion of a background check and/or fingerprinting may be a requirement for some of the volunteer opportunities at the College.**

### Section I: To be completed by the Volunteer

Name of the Volunteer: \_\_\_\_\_ Age (18 and under): \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby state that the above information is accurate as of this date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section II: To be completed by the Supervisor.

Begin Date for Assignment: January 17, 2020 End Date for Assignment: January 18, 2020  
Work Schedule: to be determined  
Last name (Print): Michael Mehalick Title: Event Coordinator  
Department/Division: STEM Instructional Unit

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Contact: michael.mehalick@montgomerycollege.edu Ext: 7- 4083

Return completed form to  
Volunteers@montgomerycollege.edu  
9221 Corporate Blvd; Rockville, MD 20850