



VOLUNTEER APPLICATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

ACTIVITY VOLUNTEERING FOR: _____

VOLUNTEER OR WORK EXPERIENCE FOR ACTIVITY

1) ORGANIZATION: _____ PHONE: _____

DESCRIPTION OF DUTIES: _____

2) ORGANIZATION: _____ PHONE: _____

DESCRIPTION OF DUTIES: _____

REFERENCES:

NAME: _____

E-MAIL: _____

RELATIONSHIP: _____ PHONE: _____

NAME: _____

E-MAIL: _____

RELATIONSHIP: _____ PHONE: _____

NAME: _____

E-MAIL: _____

RELATIONSHIP: _____ PHONE: _____

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_____ Shall indemnify and hold harmless St. Mary's County and its officials, employees and agents from and against any and all liabilities, judgements, settlements, losses, costs or charges (including attorney's fees) incurred by St. Mary's County or any of its officials, employees or agents as a result of any claim, demand, action or suit relating to any bodily injury (including death), losses property damage caused by, arising out of, related to or associated with the use of the property.

Signature of Volunteer

Date

Parents/Guardians Signature (If under the age of 18) _____



National Background Screening Consent Form

Applicant's Legal Name (printed) _____

Applicant's Address _____

City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____

Date of Birth ____ / ____ / _____ Phone _____

E-mail _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer assignment with this Organization.

Print Name: _____ Date: _____

Signature: _____

Please fax to 301-475-4108 or drop off at the main office located at:
23150 Leonard Hall Dr, Leonardtown, MD 20650 between 8:00-5:00, Monday-Friday

For more information contact 301-475-4200 *1800