



## HOUSING OPPORTUNITIES COMMISSION VOLUNTEER APPLICATION

Return to **HOC Resident Services 10400 Detrick Avenue, Kensington, MD 20895** Phone: 240-627-9699 or email: [Stephanie.Moore@hocmc.org](mailto:Stephanie.Moore@hocmc.org)

Name (please print):		
Address:		Apt#    City:    State:    Zip:
Home Phone:	E-Mail:	Work Phone:
Are you a resident of HOC: __ Yes __ No	Are you 18yrs or older __ Yes __ No	
Where would you like to volunteer?		
Education: <i>(Please note highest level achieved, name of the institution and area of specialty)</i>		
Employment Status: __ Unemployed __ Retired __ Employed <i>Please provide your Employer Name and Address:</i>		
How did you hear about volunteer opportunities at HOC?		
What type of volunteer position are you seeking?		How far are you willing to travel?
Please select your Availability <i>(please circle all that apply):</i> As Needed    Full Time    Part Time		
<b>Days Available:</b> Sun    Mon    Tues    Wed    Thurs    Fri    Sat		
Total Hours:    From: ____ AM or ____ PM    To: ____ AM or ____ PM		
Have you ever been convicted of an offense in adult court? __ Yes __ No <i>If yes, please briefly explain:</i>		
Do you have a mental health or physical condition that may require accommodations and/or limit your activities? volunteer __ Yes __ No <i>If yes, please briefly explain:</i>		
Please list previous and current volunteer experience:		
Please list special interests, skills, foreign languages, etc.:		
<b>References</b> <i>(please list two):</i>		
Name:	Email:	Phone:
Name:	Email:	Phone:
Name:                    EMERGENCY CONTACT	Address:	Phone:

*Please Note: The Housing Opportunities Commission does not discriminate in the placement of volunteers because of race, creed, sex, color, age, political or union affiliation, religion, national origin, physical or mental handicap. Placements are made based on individual skills, interests, and availability.*



Requested by Personnel/Volunteer Service

\*PART ONE – TO BE COMPLETED BY ALL VOLUNTEER APPLICANTS\*

The Montgomery County Self-Insurance Program provides medical benefits to volunteers injured while performing duties on behalf of the Housing Opportunities Commission (HOC) as directed by the supervisor, equal to medical benefits as required to be provided under the Workers' Compensation Law of the State of Maryland. The Montgomery County Self-Insurance Program also provides General Liability Coverage to volunteers. Details of coverage may be discussed with the HOC Human Resources Office. Please complete this form as accurately as possible. Be assured that this information is confidential and for use only by Human Resources and Volunteer Services

Confidentiality Agreement:

I understand that, in the performance of my volunteer duties for the Housing Opportunities Commission (HOC), I may have access to confidential information about an HOC resident. I agree to keep the information confidential and understand that I am permitted to discuss such information only with my HOC supervisor or the program coordinator. I understand that any violation of the confidentiality of this information may result in my dismissal as a volunteer and/or possible legal action taken against me.

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 yrs., Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*PART TWO – TO BE COMPLETED BY ADULT APPLICANTS ONLY\*

Release of Personal Information: In connection with the consideration of my application for a volunteer position with the Housing Opportunities Commission, I hereby authorize a review and examination of any and all arrest, trial and other criminal records made available to HOC or its agents for the purposes of determining my suitability for the volunteer position for which I have applied. It is understood that HOC will not disclose or provide this information to others, but will utilize the material solely in determining my suitability for a volunteer placement, and if necessary, my continued occupancy of a unit as a tenant of HOC. I agree to release HOC from any and all claims, damages, losses and expenses arising out of the utilization of any information which is made available to it in connection with my volunteer application.

Criminal Background Check and Fingerprinting: I, the undersigned, agree and understand that volunteers at the Housing Opportunities Commission may interact with minors, elderly, and other vulnerable populations. Because of these potential interactions, all volunteers must consent to a criminal background check that includes fingerprinting. I, the undersigned, agree and understand that the background check and fingerprinting is used solely to evaluate my potential volunteer placement with the Housing Opportunities Commission, and the background check and fingerprinting does not create an employer/employee relationship. I, the undersigned, agree and understand that the following information is required for the purpose of conducting a criminal history check for my volunteer placement with the Housing Opportunities Commission.

I, the undersigned, hereby certify fully that I have read and comprehended this form in its entirety and that the information within provided is true and complete to the best of my knowledge. I understand any statement that I have made which proves to be false, misleading or erroneous, may result in the rejection of my application or my immediate discharge at any time thereafter should I be placed as a volunteer with HOC.

Do you have any prior criminal convictions? \_\_\_Yes \_\_\_ No

FULL NAME: \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ MAIDEN \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (Required) PLACE OF BIRTH: \_\_\_\_\_ RACE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ (Required) DIRVER'S LICENSE NUMBER: \_\_\_\_\_

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

**HOUSING OPPORTUNITIES COMMISSION OF MONTGOMERY COUNTY**  
**Liability Waiver Agreement (the "Agreement")**

I freely elected to volunteer with the Housing Opportunities Commission of Montgomery County ("HOC"). Depending on the activity, there may be instances in which I interact in a face-to-face capacity with HOC staff, HOC customers, and third-party property managers, contractors, and vendors (collectively, "HOC Parties") and/or enter onto an HOC property. I volunteered with HOC knowing and assuming the risks associated with COVID-19. I am aware that COVID-19 has caused severe complications and death in some individuals.

HOC does not warrant that its properties are free of COVID-19. HOC will not be liable for any illness or disease contracted, or alleged to have been contracted, while volunteering at an HOC property. HOC will not be responsible for any direct, indirect, incidental, punitive, and/or consequential damages that you may suffer if COVID-19 is alleged to be involved.

I hereby agree to waive, release, and forever discharge HOC and its agents, servants, employees, commissioners, affiliates, partners, subsidiaries, contractors, students, representatives, and volunteers from any and all claims and causes of action that I have or may have now or in the future against HOC and its agents, servants, employees, commissioners, affiliates, partners, subsidiaries, contractors, students, representatives, and volunteers arising from or in any way related to, directly or indirectly, the contraction of any illness or disease (including, without limitation, COVID-19) while participating in HOC volunteer activities. I further agree to indemnify, defend, and hold HOC and its agents, servants, employees, commissioners, affiliates, partners, subsidiaries, contractors, students, representatives, and volunteers harmless from and against any and all claims and liability for any loss, damage, judgements, costs, injury (including death), or expenses of any nature whatsoever (including attorneys' fees and litigation expenses) that I may suffer as a result of the contraction of COVID-19. I intend this Agreement to be a complete and unconditional release of liability to HOC and its agents, servants, employees, commissioners, affiliates, partners, subsidiaries, contractors, students, representatives, and volunteers to the greatest extent allowed by law.

This Agreement shall be governed by and interpreted solely in accordance with the laws of the State of Maryland, without reference to principles of conflicts of law. Each provision of this Agreement shall be considered severable, and if for any reason any provision that is not essential to the effectuation of the basic purposes of this Agreement is determined to be invalid or contrary to any existing or future law, such invalidity shall not impair the operation of or affect those provisions of this Agreement that are valid. This Agreement may be signed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature.

I am 18 years of age or older, have read (or listened to) this Agreement and fully understand its terms, and have signed it freely, without force, and without any inducement or assurance of any nature. This Agreement shall be effective and binding upon and against me and my heirs, next of kin, executors, administrators, assigns, and representatives.

\_\_\_\_\_  
Volunteer (print name)

\_\_\_\_\_  
Volunteer (signature)

\_\_\_\_\_  
Date

## **HOC Temporary Employees, Staffing Agency Temporary Employees, Interns and Volunteers**

### **WORKPLACE HARASSMENT POLICY**

I have received a copy of HOC's Workplace Harassment Policy. I recognize and understand that HOC's policy reaffirms its commitment to provide a harassment free work place for HOC employees based on race, color, religion, ancestry, sex (including gender identity and pregnancy), national origin, age, disability, genetic information, sexual orientation, marital status or family responsibilities is prohibited.

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### **WORKPLACE HARASSMENT POLICY ACKNOWLEDGEMENT**

I have received and read HOC's Workplace Harassment Policy.

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date