



Charles County Government V

Volunteer/Intern Application

Department of Human Resources • P.O. Box 2150, La Plata, Maryland 20646
 301-645-0585 • 301-870-2681 • MD Relay: 711 • Relay TDD: 1-800-735-2258
 Job Hotline 301-645-0600 • www.charlescounty.org

Pre-Volunteer Questionnaire

Equal Opportunity Employer ● Say No To Drugs

Personal Information

Date _____

Name _____

Last First Middle

Address _____

Street City State Zip

Primary Phone No. _____ Secondary Phone No _____

Cell Phone No _____ E-mail Address _____

How can we contact you during the day? _____ Are you 18 or older? Yes No

Volunteer Position _____ Date you can start _____

(Submit a separate application for each position.)

1. Are you employed now? Yes No If yes, may we contact your present employer if we notify you first? _____

2. Volunteer Program (please check one): Board of Education Experience Works Self-Referral
 Tri-County Council Volunteer Southern Maryland Other: _____

3. Assignment of interest: Long-term (3 months or longer) Short-term (less than 3 months) One-time/special event

4. Charles County Government does not place volunteers in positions of direct supervision by a relative (spouse, domestic partner, co-parent, child, stepchild, parent, step-parent). Please list any relatives employed by Charles County Government, their title, and department: _____

5. After selected for volunteering, can you provide verification of your legal authorization to work in the United States? Yes ___ No _____

6. Have you ever been convicted of an offense in an adult court? Yes ___ No ___ If yes, please explain. Convictions do not automatically disqualify you from volunteering.

7. Have you ever been dismissed or asked to resign, or resigned in lieu of being dismissed from a job? Yes ___ No ___ If yes, please explain.

Education	Name & Location of School	No. of years attended	Did you graduate?	Subjects studied/ Degree Received
High School				
College				
Trade/Graduate School				

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

General

Continuing education or additional training: Please list any training you have had and seminars or workshops you have attended that are relevant to the volunteer position you are applying for, including typing or computer training, or possession of a Commercial Driver's License. .

Other Skills or Abilities: Describe any special skills or abilities that would enhance your ability to perform the volunteer position you are applying for. Please include computer and typing skills and any equipment, tools, or office equipment you can use, and any professional licenses or certificates you presently hold. Also include any sign language or foreign language skills you possess, and your degree of fluency.

What areas of interest or professional skills are you hoping to learn more about or develop by doing volunteer work?

Availability: Please indicate the days and hours you are available to volunteer.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

References: Give the names of three persons not related to you, whom you have known at least one year.

Name	Address & Phone Number	Business	Years Acquainted
1.			
2.			
3.			

Employment and Volunteer History Complete information about your past employment including at least **ten (10) years** of work history, starting with your current or most recent employer. Please provide as much detail as possible. You may include a resume to supplement this application, but not to replace completion of the application. You may attach additional sheets if necessary.

- If you have **less than** 10 years of work or volunteer experience, check this box and complete as much information as possible below.

Present/Most Recent Employer:	Job Title:
Address & Phone Number:	Dates of Employment: From _____ To _____
Name, Title, & Phone Number of Supervisor:	Reason For Leaving:
Number of Employees You Supervised:	
Brief Description of Duties (Do not write "See resume."):	

Former Employer:	Job Title:
Address & Phone Number:	Dates of Employment: From _____ To _____
Name, Title, & Phone Number of Supervisor:	Reason For Leaving:
Number of Employees You Supervised:	
Brief Description of Duties (Do not write "See resume."):	

Former Employer:	Job Title:
Address & Phone Number:	Dates of Employment: From _____ To _____
Name, Title, & Phone Number of Supervisor:	Reason For Leaving:
Number of Employees You Supervised:	
Brief Description of Duties (Do not write "See resume."):	

Former Employer:	Job Title:
Address & Phone Number:	Dates of Employment: From _____ To _____
Name, Title, & Phone Number of Supervisor:	Reason For Leaving:
Number of Employees You Supervised:	
Brief Description of Duties (Do not write "See resume."):	

Notice to Volunteer Applicants

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false or incomplete answers may be grounds for denial of volunteer opportunities, or dismissal from volunteer work regardless of when or how discovered.

Please read carefully: In submitting this volunteer application, I authorize investigation of all statements contained therein. I hereby authorize Charles County Government to make any contacts necessary to my engagement as a volunteer, such as previous employers, criminal or credit bureau records. I authorize any person or organization whose name I have given as a character reference or by whom I have been previously employed and any educational institution which I have stated I attended to furnish the County any information they may have concerning me. I hereby release the County, all such persons, organizations, and institutions from any claims for damages or otherwise by reason of furnishing such information and records. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application or for separation from County employment.

I understand that this application is the property of the Charles County Government and will become part of my permanent file if I am accepted into the volunteer program. Driving record checks are used to confirm the identity of applicants. Driving violations will only be considered for volunteer applicants who may be required to operate a County or personal vehicle on County business. Specific requirements will depend on the nature of the position and the insurance company's requirements.

I understand that my association with Charles County Government will be on as a volunteer in the volunteer program, not as a paid employee of Charles County Government. I also understand that my work as a volunteer for Charles County Government does not entitle me to a paid position at the conclusion of my volunteer assignment.

I understand I may be subject to a background check, including a check of my criminal history, educational background, and driving record.

Photocopies of this authorization, and of my signature hereon, shall be deemed to provide the same release as my original signature.

Date Signed _____ Signature of Applicant _____

Under Maryland law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to take a polygraph, lie detector or similar test or examination. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

Charles County Government does not discriminate on the basis of race, color, sex, age, national origin, religious or political affiliation or opinion, disability, or marital status in employment or the provision of services. If you require a reasonable accommodation when applying or interviewing for a County position, please call (301) 645-0687 or MD Relay 7-1-1 or TDD 1-800-735-2258.

I hereby acknowledge that I have read the above statements.

Date Signed _____ Signature of Applicant _____

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CHARLES COUNTY COMMISSIONERS

Equal Opportunity Employer ● Say No To Drugs



Department of Human Resources
Stephen A. Brayman
Director

Post Office Box 2150 La Plata, Maryland 20646
(301) 645-0585, (301) 870-2681
MD Relay: 711 ● Relay TDD: 1-800-735-2258

Visit us at www.charlescounty.org

Mission Statement – The mission of Charles County Government is to provide our citizens the highest quality service possible in a timely, efficient, and courteous manner. To achieve this goal, our government must be operated in an open and accessible atmosphere, be based on comprehensive long and short-term planning, and have an appropriate managerial organization tempered by fiscal responsibility.

Vision Statement – Charles County is a place where all people thrive and businesses grow and prosper; where the preservation of our heritage and environment is paramount; where government services to its citizens are provided at the highest level of excellence; and where the quality of life is the best in the nation.

Americans With Disabilities – The Charles County Government welcomes the participation of individuals with disabilities. We comply fully with the Americans With Disabilities Act in making reasonable accommodations to encourage involvement. If you require special assistance and would like to participate in our programs, please contact the Charles County Government directly.