



Clermont County Board of MRDD Volunteer Enrollment Form

NAME: _____ **PHONE: (HOME)** _____ **(WORK)** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

BIRTHDAY: (IF ADULT, MONTH AND DAY ONLY) _____ **E-MAIL ADDRESS:** _____

I. HOBBIES AND INTERESTS

Educational Background: _____ Current Occupation: _____
 Hobbies/Special Skills: _____
 Previous Volunteer Experience: _____

Is there a particular type of volunteer work in which you are interested? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> No Preference | <input type="checkbox"/> Evening Recreation Activities |
| <input type="checkbox"/> Classroom Settings with Children | <input type="checkbox"/> Day Recreation Activities |
| <input type="checkbox"/> One-on-One/Small Group Settings with Adults | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fundraising | |

Is there a person or group with whom you are particularly interested in working? (check all that apply)

CHILDREN

ADULTS

- | | |
|---|---|
| <input type="checkbox"/> No Preference | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> Early Intervention (Ages 0-2) | <input type="checkbox"/> In-House Programs |
| <input type="checkbox"/> Primary/Intermediate (Ages 6-12) | <input type="checkbox"/> Community Settings |
| <input type="checkbox"/> Teens (Ages 13-16) | <input type="checkbox"/> Senior Citizens |
| <input type="checkbox"/> Young Adults (Ages 16-22) | |

II. DAYS AND HOURS AVAILABLE

How much time would you like to volunteer? _____ Hours per week ****_ Hours per month

CIRCLE ONE: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

Hours preferred: DAY EVENING (CIRCLE ONE) ****_ Transportation? YES NO (CIRCLE ONE)

III. EMERGENCY CONTACT INFORMATION

In case of emergency, call: _____ Phone: _____
 Relationship: _____

If cannot reach above, call: _____ Phone: _____
 Relationship: _____

IV. PERSONAL REFERENCES

**** List name and phone number of two personal references.

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

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 : I have received a copy of the privacy notice from the Clermont County Board of
 : MRDD.
 : _____ Yes _____ No
 :

RETURN FORM TO:

Lisa Davis, Director of Community Relations, Clermont County MRDD, P. O. Box 156, Batavia, OH 45103
 (513) 732-4921 (Phone) (513) 732-7006 (FAX) ldavis@ccmrdd.org