



# Clermont County Board of MRDD Group Volunteer Enrollment Form

GROUP NAME: \_\_\_\_\_ PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAIN CONTACT PERSON (NAME): \_\_\_\_\_ PHONE: \_\_\_\_\_

WEB SITE ADDRESS: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

### I. HOBBIES AND INTERESTS

Basic Group Background: \_\_\_\_\_

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"/> Vocational Students (Ages 16-22) | <input type="checkbox"/> Groups             |
| <input type="checkbox"/> Males                            | <input type="checkbox"/> Males              |
| <input type="checkbox"/> Females                          | <input type="checkbox"/> Females            |

Are there any groups you would not feel comfortable working with? NO YES (CIRCLE ONE)  
(If yes, which ones?) \_\_\_\_\_

### 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. HOW DID YOU HEAR ABOUT US?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Volunteer Brochure | <input type="checkbox"/> Participant/Student of MRDD Agency  | <input type="checkbox"/> Referral from another agency |
| <input type="checkbox"/> MRDD Staff         | <input type="checkbox"/> Beacon Newsletter/Other Publication | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> MRDD Volunteer     | <input type="checkbox"/> Clermont County Fair Booth          |   |

#### 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