CLERMONT COUNTY BOARD OF MRDD
Teen Volunteer Form

NAME:_____ BIRTHDATE:_____

ADDRESS:_____ PHONE #:_____

_____ E-MAIL:_____

MOTHER AND FATHER'S NAMES:_____

EMERGENCY PHONE NUMBER: Mom:_____ OR Dad:_____

HOBBIES/INTERESTS/SKILLS:_____

CHURCH/SCHOOL ACTIVITIES:_____

HAVE YOU VOLUNTEERED FOR ANOTHER AGENCY? _____YES _____NO

- If yes, what agency or program?_____
- Did you enjoy your volunteer work with the above program(s)?_____
- What did you like least about your past experience with volunteering?_____

_____

WHAT DO YOU LIKE TO DO WITH YOUR FAMILY?_____

_____

WHAT SPECIAL PROJECTS HAVE YOU HELPED WITH IN YOUR COMMUNITY?_____

_____

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I have reviewed the above information and give my permission for my son/daughter to participate in the MRDD Volunteer Program. I understand that my son/daughter will be volunteering to work with people who have varying disabilities and behaviors, and understand that he/she may be working with a group that attends field trips within the community throughout the year. I have received a copy of the MRDD Privacy Notice as well.

_____ _____

Parent/Guardian Signature Student Signature

_____

Date