



# Clermont County Board of Developmental Disabilities Adult Volunteer Enrollment Application

**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: \_\_\_\_\_

I have received a copy of the privacy notice from the Clermont County Board of DD.  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

**RETURN FORM TO:**

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