



Clermont County Board of Developmental Disabilities 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"/> <i>Beacon</i> 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 Board of Developmental Disabilities,
P. O. Box 156, Batavia, OH 45103
(513) 732-4921 (Phone) (513) 732-7006 (FAX) ldavis@clermontd.org