CLERMONT COUNTY
BOARD OF DEVELOPMENTAL DISABILITIES
Teen Volunteer Form

NAME:_____ BIRTHDATE:_____

ADDRESS:_____ PHONE #:_____

_____ E-MAIL:_____

Mother/Father's Names:_____

Emergency Number: Mom:_____ OR Dad:_____

Hobbies/Interests/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 Clermont County Board of Developmental Disabilities 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 Clermont DD Privacy Notice as well.

_____ _____
Parent/Guardian Signature Student Signature

_____
Date