

CCBDD VOLUNTEER APPLICATION

Administrative Offices: 937-382-7519

Please return applications to: Clinton County Board of DD
4425 State Route 730
Wilmington, OH 45177

Volunteer Information

Name: _____ Date of birth: _____

Address: _____ Phone: _____

Email: _____

Specific area(s) of interest/skills: _____

Please identify any physical limitations or needed accommodations: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Physician: _____

Special medical information: _____

Availability

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Hours Available					

How long do you plan to volunteer?: 1-6 months 6 months– 1 year 1 year or longer

Have you ever worked with people with developmental disabilities?: Yes No

If yes, please explain: _____

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In signing below, I am verifying that all the information provided is complete, truthful, and accurate to the best of my knowledge. I further understand that any misrepresentation of pertinent facts is cause for disqualifying me from further consideration.

I understand that the Board is mandated by law to conduct criminal background checks on applicants under final consideration for volunteer work. Likewise, the Board also conducts reference checks.

I hereby give Clinton County Board of DD permission to verify any and all information that I have provided on this application and hereby release all parties involved from any and all liability for any damage that may result by providing such information.

Applicant's Signature

Date

Photo Release

The volunteer may be photographed for publicity purposes

The volunteer may not be photographed for publicity purposes

References

Name

Name

Address

Address

Phone

Phone

Relationship

Relationship

Signature of Agreement

I AGREE TO ACCEPT SUPERVISION AND WORK WITHIN THE GUIDELINES OF THE ORGANIZATIONAL STRUCTURE, PROCEDURES, AND POLICIES OF THE FACILITY. I DO UNDERSTAND AND RESPECT THE NEED FOR CONFIDENTIALITY. EXACT RESPONSIBILITIES WILL BE NEGOTIATED WITH THE VOLUNTEER'S SITE SUPERVISOR. IT IS MY RESPONSIBILITY TO BE AWARE OF MY DUTIES AND LIMITATIONS.

Applicant Signature: _____

Date: _____