

FOR OFFICE USE ONLY-

START: _____
SCHEDULE : _____
ORIENTATION: _____
BCII/ABUSER REG.: _____

SITE: _____
POSITION: _____
SUPERVISOR: _____

**Tuscarawas County Board of Developmental Disabilities
VOLUNTEER APPLICATION FORM**

Thank you for your interest in serving as a volunteer. Please complete this volunteer application form in its entirety. The information you give on this application will be confidential.

SECTION I

Name: _____ Social Security #: _____ Date: _____
Address: _____ Apt: _____
City: _____ State: _____ Zip _____
Telephone (home): _____ (Work): _____ E-mail: _____ Birth date: _____

SECTION II

Type of Volunteer Position Desired: _____
Times available to volunteer: (Please indicate times i.e., 9 am-11 am for each day you may be available).

| | Sun. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. |
|-----------|------|------|-------|------|--------|------|------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

Available : Summer Fall Winter Spring

Special Interests, Skills, Hobbies: _____

SECTION III

Applicant currently is or has:

| | | | | | |
|--|---|---|--|---|---|
| Been convicted of a traffic violation? | Y | N | Been convicted of a felony? | Y | N |
| Been litigant in a court case? | Y | N | Physical conditions which would impact | | |
| Mental conditions which would impact | | | on volunteer position? | Y | N |
| a volunteer position? | Y | N | Taking medications (relevant to an | | |
| | | | emergency situation)? | Y | N |

Give explanations for all YES answers: _____

Can you provide your own transportation to volunteer? Yes No

SECTION IV

Students fulfilling course requirements: (complete if applicable):

Name of School: _____ Year: _____ Major: _____
Course Number(s): _____ Instructor(s): _____
Deadline for project completion and number of hours required: _____

SECTION V

Experience and/or Employment (Particularly in the areas relating to desired volunteer position).

| Employer/Experience | Dates | Description of Work/Reason for Leaving |
|---------------------|-------|--|
| | to | |
| | to | |
| | to | |

SECTION VI

Education (Circle Year Completed): Grade: 7 8 9 10 11 12 College: 1 2 3 4 Grad
Major: _____

SECTION VII

References:

1. Employer, teacher, minister or other professional:
 Name: _____ Relationship: _____
 Address: _____ Phone: _____

 City State Zip

2. Personal reference:
 Name: _____ Relationship: _____
 Address: _____ Phone: _____

 City State Zip

SECTION VIII

In case of an emergency, notify:
 Name: _____ Relationship: _____
 Address: _____ Phone:(H) _____
 _____ (W) _____
 City State Zip

Do you have any comments or questions? _____

SECTION IX

I certify that the facts in this application are true and accurate to the best of my knowledge and I authorize investigation of all statements contained herein and contact with the references listed above to provide Tuscarawas County Board of Developmental Disabilities with all appropriate information. I understand I may be transported in Tuscarawas County Board of DD-owned vehicles to and from activities in the course of my volunteer work. I also understand it is my responsibility to inform the Volunteer Coordinator of any changes in information which I have provided on this application.

Tuscarawas County Board of DD **May** or **May Not** use my name and/or photo for community relations purposes.

Signature Date

If minor, parent/guardian's signature Date

**RETURN TO: Nate Kamban, Volunteer Coordinator, Tuscarawas County Board of Developmental Disabilities
610 Commercial Ave SW, New Philadelphia, OH 44663.
You can return in person to Nate's mailbox at the previously mentioned address or e-mail at nkamban@tuscboard.org.**

