



# VOLUNTEER REGISTRATION APPLICATION

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING FOR THE SUMMIT DD! PLEASE COMPLETE EACH SECTION TO PROVIDE US WITH NECESSARY INFORMATION AND TO GIVE US AN IDEA OF YOUR SKILLS, TALENTS AND AREAS OF INTEREST.

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
YOUR NAME TELEPHONE # E-MAIL ADDRESS BIRTH DATE

\_\_\_\_\_  
ADDRESS APT# CITY STATE ZIP CODE

HAVE YOU EVER PLEAD GUILTY OR NO CONTEST TO, OR BEEN CONVICTED OF A CRIME? CIRCLE ONE: YES NO

### EMERGENCY CONTACT(S)

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
NAME RELATIONSHIP TELEPHONE #

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
NAME RELATIONSHIP TELEPHONE #

*If emergency contacts cannot be reached, The County of Summit Board of Mental Retardation and Developmental Disabilities reserves the right to seek medical assistance at the nearest medical facility and will be held harmless in all legal issues that may arise from this decision.*

### TYPE OF REQUIRED VOLUNTEER SERVICE (Please select one.)

\_\_\_ COMMUNITY SERVICE REQUIREMENT FOR HIGH SCHOOL STUDENTS CIRCLE ONE: FRESHMAN, SOPHOMORE, JUNIOR, SENIOR

\_\_\_\_\_  
NAME OF HIGH SCHOOL NUMBER OF HOURS

\_\_\_ SERVICE LEARNING OR INTERNSHIP FOR COLLEGE CIRCLE ONE: FRESHMAN, SOPHOMORE, JUNIOR, SENIOR

\_\_\_\_\_  
NAME OF COLLEGE NUMBER OF HOURS

\_\_\_ COLLEGE OR HIGH SCHOOL REFERRAL - OBSERVATION ONLY - 1 VISIT

\_\_\_\_\_  
NAME OF COLLEGE NUMBER OF HOURS

\_\_\_ COLLEGE OR HIGH SCHOOL REFERRAL - FIELD EXPERIENCE - MORE THAN 1 VISIT

\_\_\_\_\_  
NAME OF COLLEGE NUMBER OF HOURS

### AREA(S) OF VOLUNTEER INTEREST (Please select one or more.)

\_\_\_\_\_ Calico Classroom/After Care \_\_\_\_\_ Clerical \_\_\_\_\_ Community Awareness \_\_\_\_\_ Adult Work Center \_\_\_\_\_ Special Events

### VOLUNTEER HOURS OF AVAILABILITY (Please mark the time you are available next to each day.)

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday

*My signature constitutes that my responses are true, that I understand the volunteer registration application procedure and am in agreement with the policies and procedures of the Summit DD volunteer program.*

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date