"Putting People First!"

VOLUNTEER REGISTRATION APPLICATION

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING FOR THE SUMMIT MRDD! 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 VOLUNTEER SERVICE (Please select one.)

___ COMMUNITY SERVICE REQUIREMENT FOR STUDENTS CIRCLE ONE: FRESHMAN, SOPHOMORE, JUNIOR, SENIOR

_____ _____
NAME OF SCHOOL OR HIGH SCHOOL NUMBER OF HOURS

___ SERVICE LEARNING FOR COLLEGE STUDENTS CIRCLE ONE: FRESHMAN, SOPHOMORE, JUNIOR, SENIOR

_____ _____
NAME OF COLLEGE NUMBER OF HOURS

___ COMMUNITY SERVICE – OBLIGATION

_____ _____
REASON FOR THIS SERVICE 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

PROFESSIONAL SKILLS, TRAINING, VOLUNTEER AND PERSONAL EXPERIENCE

_____

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 MRDD volunteer program.

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