

## Tuscarawas County Board of Developmental Disabilities VOLUNTEER APPLICATION FORM

Name	Date of Birth
Address	Phone Number
	Email
Emergency Contact: Relationship to Volunteer: Phone Number:	
Type of Volunteer Position Desired:	
Previous Work and/or Volunteer Experience:	

For Long-Term assignments, please indicate availability i.e. 9-11 am

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

\_\_\_\_\_ Seasonal (Please indicate the time of year you are available) \_\_\_\_\_

\_\_\_\_\_ Available to volunteer for special events and activities throughout the year

Special Interests, Skills, Hobbies:
Students fulfilling course requirements and/or community service hours requirements (complete if applicable): Name of School & Instructor: _____ Deadline for project completion and number of hours required: _____

All applicants must provide two professional references that the agency may contact. These references may be a current or former teacher, a former or current supervisor or coworker, a spiritual leader, or other professionals.

Name:

Relationship:

Phone & Email:

Name:

Relationship:

Phone & Email:

**Applicant currently is or has:**

\*Been convicted of a traffic violation? Y N

\*Been convicted of a felony? Y N

\*Been a litigant in a court case? Y N

\*Physical conditions that would impact a volunteer position? Y N

\*Mental conditions that would impact a volunteer position? Y N

\*Taking medications (relevant to an emergency)? Y N

Give explanations for all YES answers: \_\_\_\_\_

I certify that the facts in this application are true and accurate to the best of my knowledge and I authorize the investigation of all statements contained herein and contact with the references listed above to provide TuscBDD with all appropriate information. I understand I may be transported in TuscBDD-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 that I have provided on this application.

TuscBDD  **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: Kerri Silverthorn, Community Relations/Special Projects Director, TuscBDD  
610 Commercial Ave SW, New Philadelphia, OH 44663 or e-mail at [ksilverthorn@tuscbdd.org](mailto:ksilverthorn@tuscbdd.org).**

**FOR OFFICE USE ONLY**

DATE AVAILABLE TO START: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

SITE LOCATION: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

This application will be kept on file for as long as the volunteer serves with TuscBDD.