



## Volunteer Information & Application Form

Thank you for choosing to be a volunteer with the Union County Board of Developmental Disabilities. Volunteers are extremely important to us. We appreciate you spending some time to share your information with us so we can best fit your skillset with a volunteer opportunity.

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best phone number to reach you: \_\_\_\_\_ Email: \_\_\_\_\_

What is generally the best way to reach you? \_\_\_\_\_

### Time Preferences

As you think about volunteering, what time would you be comfortable giving? Would choose your preferences below:

Random assignment arranged ahead of time? \_\_\_\_\_

A regular weekly time slot: an hour or two, a half day, a day? \_\_\_\_\_

A regular monthly time slot: an hour or two, a half day, a day? \_\_\_\_\_

Do you have any physical considerations that would affect the kinds of assignments you are comfortable with?

Can you think of any types of situations you would rather avoid?

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Do you have your own vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, is your vehicle properly maintained and is equipped with safety requirements:  
e.g., seatbelts, airbags, proper braking, etc. Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to drive someone else's vehicle? Yes \_\_\_\_\_ NO \_\_\_\_\_

The Union County Board of Developmental Disabilities occasionally uses pictures to promote its organization. May the Union County Board of Developmental Disabilities use photographs taken of you while on volunteer duty? Yes \_\_\_\_\_ No \_\_\_\_\_

## Background

Are you currently working? \_\_\_\_\_ Full time or part time? \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Please list the two most recent job you have held (excluding present position)"

1. Employer: \_\_\_\_\_

Position: \_\_\_\_\_

2. Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Highest level of education completed (Circle one):

High  
School

Some  
College

Bachelor's  
Degree

Graduate  
Degree

Professional  
Degree



Do you have any professional certifications or credentials that you would like to share?

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## Community Involvement

What other volunteer commitments do you have?

Organization(s): \_\_\_\_\_

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Volunteer role(s): \_\_\_\_\_

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Other community groups (Rotary, other service clubs, etc.)? \_\_\_\_\_

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Skills, Interests: \_\_\_\_\_

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Hobbies, Activities: \_\_\_\_\_

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## References

Please list the names and contact information of two people (other than relatives) who have known you for at least two years:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Possible Volunteer Screening

If you are interested in volunteering, the Union County Board of Developmental Disabilities may conduct a reference and background check on you. This is a new standard in volunteer organizations. May we have permission to conduct a background check/screening?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_



If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact**

If you were to experience an emergency while volunteering for the Union County Board of Developmental Disabilities, whom should we contact?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**Volunteer Agreement**

I understand that the Union County Board of Developmental Disabilities will check my references and/or criminal history record as part of their screening process. To the best of my knowledge the above information is correct. I also understand that certain information about me will be discussed with the member(s) whom I may work.

I agree to maintain strict confidentiality in respecting the privacy rights of all direct and indirect participants with the Union County Board of Developmental Disabilities.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_