



Personal Information

First Name _____ Last Name _____

Address: _____ DOB: _____

City _____ State _____ Zip _____

Email _____ Phone _____ Cell _____

Work Information

What position are you interested in volunteering for? _____

What days & times of the week can you volunteer? _____

Do you have any special skills or licenses? What are they? _____

Do you prefer to work in a certain area of the city? Where? _____

Emergency Medical Information

In case of an emergency contact _____ Relationship _____

List any medical conditions: _____ Allergies _____

Physician: _____ Phone: _____ Address _____

Hospital Preference: _____

How did you learn about HCBMRDD volunteer opportunities? _____

I certify that the information given in this application is true and accurate to the best of my knowledge.

Signature

Date

Please return to: Kate Hawkins – Community/Government Liaison, or Jennifer Taylor, Community Relations/Publications Coordinator
 Hamilton County DD Services * 1520 Madison Road * Cincinnati, Ohio 45206 * (513) 794-3300

Please note you will undergo a background check before you can volunteer.

FOR OFFICE USE ONLY

Date _____ Location _____ Events Coordinator/Supervisor _____

Assignment _____