

**Lake County Board of Mental Retardation and Developmental Disability  
Volunteer Application**

Date: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Last) (Middle Initial)

Address: \_\_\_\_\_  
(Street Address) (City/State) (Zip)

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Preferred Number to be called \_\_\_\_\_

E-mail \_\_\_\_\_ Fax: \_\_\_\_\_

Present place of employment: \_\_\_\_\_

Have you ever been an employee of the Lake County Board of MR/DD? \_\_\_\_\_

If yes, what year (s) were you employed? \_\_\_\_\_

Person to contact in case of an emergency \_\_\_\_\_

Phone number \_\_\_\_\_ Relationship: \_\_\_\_\_

List friends/relatives working/volunteering at this agency: \_\_\_\_\_

Other volunteer experience: \_\_\_\_\_

\_\_\_\_\_

How did you learn about our volunteer program? \_\_\_\_\_

Why are you interested in volunteering? \_\_\_\_\_

\_\_\_\_\_

Special interests, skills, hobbies: \_\_\_\_\_

\_\_\_\_\_

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

If yes, explain the conviction (s)

\_\_\_\_\_

\_\_\_\_\_

Last date (s) of all convictions(s): \_\_\_\_\_

Probation status: \_\_\_\_\_

You are not required to furnish information about a first conviction for drunkenness, speeding, or minor traffic violations unless your volunteer assignment requires/permits you to drive; disturbing the peace, or if your record was sealed pursuant to state law or for a minor misdemeanor (third degree) where conviction and completion of jail sentence was more than ten years ago – unless you were convicted with another offense within the last ten years. Disclosure of a criminal record will not necessarily disqualify you from volunteering. Each conviction will be evaluated on its own merit with respect to time, circumstances and seriousness of the offense in relation to the volunteer assignment for which you are applying.

References: (Please no family members)

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

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

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

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

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

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

I understand that in order to participate in the Lake County Board of Mental Retardation and Developmental Disabilities programs as a volunteer I must complete all orientation required and fulfill assignments to which I have committed.

I, (the undersigned) state that all of the above information is true. I authorize the Lake County Board of Mental Retardation and Developmental Disabilities to verify this by any reasonable means necessary relating to my suitability for volunteer service. In consideration of my participation in volunteer activities at the Lake County Board of Mental Retardation and Developmental Disabilities, I do hereby declare myself to be able to participate in volunteer activities, and I agree to familiarize myself with all agency policies and procedures, equipment, rules and other information necessary related to the activities I undertake.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Volunteer

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent and/or Guardian

1/09,12/07