HURON COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
VOLUNTEER APPLICATION

Date:_____

NAME:_____
Last First Middle

ADDRESS:_____
Street City State Zip

TELEPHONE:_____ **EMERGENCY NUMBER:**_____

EDUCATION:
High School:_____ Location:_____ from_____to_____

College:_____ Location:_____ from_____to _____

Why do you want to volunteer? _____
_____
_____
_____

REFERENCES:
Give names of two persons who are familiar with you character and qualifications. Please do not submit names of persons related to you.

NAMES **ADDRESS/PHONE**

_____

_____

The information I have given is correct and to the best of my knowledge. HCBDD has my permission to check all information and references mentioned on this application.

_____
Signature Date

****

AGENCY USE ONLY
Interview Completed: _____ Date: _____

Recommended for volunteer work at _____, beginning (date/time) _____
With _____ as the immediate supervisor.

Superintendent Signature for Approval: _____