

Williams County Board
of
Developmental Disabilities

Volunteer Application

Volunteer applications remain active for 1 year. At that time, the application will require your review.

Contact Information (please print)		
Date of Application		
Date of Birth		
Street Address		
City/State/Zip		
Primary Phone		
E-mail Address		
Occupation (if applicable)		
If student	School:	Year:

How did you hear about the volunteer/service opportunities with our organization?

Availability

How frequently would you like to volunteer? (i.e., once a week, once a month, few times per year)?

Interests and Talents

Please list any special interests or talents:

Continue to back of form.

