

VOLUNTEER/TRAINEE ENROLLMENT FORM
(OAP 170-1)

NAME: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE: _____ WORK PHONE: _____ COUNTY: _____
 BIRTHDATE: _____ VALID DRIVERS LICENSE? Y/N ____ PRESENTLY EMPLOYED? Y/N ____
 # HOURS AVAILABLE PER WEEK: _____ SPECIFIC DAYS AVAILABLE: _____

ASSIGNMENT PREFERENCES

<u>PROGRAMS :</u>	<u>AGE :</u>	<u>SERVICES :</u>
DEVELOPMENTAL DISABILITIES _____	5-12 _____	TRANSPORTATION _____
MENTAL HEALTH _____	13-18 _____	TELEPHONING _____
ADDICTIVE DISEASE _____	19-40 _____	HANDICRAFTS _____
CHILD & ADOLESCENT _____	41-55 _____	HOME VISITS _____
DAY SERVICES _____	55 & up _____	SPORTS ACTIVITIES _____
GROUP _____		WORK ACTIVITIES _____
INDIVIDUAL _____		OUTSIDE ACTIVITIES _____
		CONSULTATION/EDUCATION _____
		CLASSROOM ACTIVITY _____
		GROUP ACTIVITIES _____
		OTHER _____

EDUCATION LEVEL (YEARS): _____
 TOTAL YEARS OF VOLUNTEER/TRAINEE EXPERIENCE: _____
 TYPE OF EXPERIENCE: _____
 PHYSICAL LIMITATIONS: _____
 SPECIAL SKILLS: _____
 PROFESSIONAL LICENSE: _____
 DATE OF RENEWAL OF PROFESSIONAL LICENSE: _____

Complete: VOLUNTEER/TRAINEE ENROLLMENT FORM and provide a current Criminal Background Check and current results from a TB Skin test to the CSB of Middle Georgia Personnel Department and arrange an appointment with personnel for a drug screening. Prior to being enrolled as a volunteer at CSBMG you will also be asked to complete a **VOLUNTEER REGISTRATION AND LIABILITY INSURANCE COVERAGE APPLICATION.**

NOTE: Volunteers are responsible for the cost of any background checks, TB Skin Tests, and drug screens.