

Volunteer Application

Laurens County Disabilities & Special Needs Board

Personal Information

Name _____

Address _____

Home Phone _____

Cell Phone _____

Email _____

Applicant's Statement

Have you been convicted of a crime, other than a minor traffic violation? ____Yes ____No

Have you been involved in a substantiated case of abuse or neglect? ____Yes ____No

Do you have a relative working for LCSNB or a relative who receives services of the board? ____Yes ____No

If yes, please list name(s) and relationship(s) _____

Areas of Interest (Please mark all that apply)

<input type="checkbox"/> Parties	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Religious Activities
<input type="checkbox"/> Crafts	<input type="checkbox"/> Reading with/to consumers	<input type="checkbox"/> Singing
<input type="checkbox"/> Dances	<input type="checkbox"/> Decorating	<input type="checkbox"/> Construction
<input type="checkbox"/> Shopping	<input type="checkbox"/> Games/Activities	<input type="checkbox"/> Special Olympics
<input type="checkbox"/> Fitness	<input type="checkbox"/> Fundraisers	<input type="checkbox"/> Camp
<input type="checkbox"/> Clerical	<input type="checkbox"/> Mentoring/Companion	

It is understood that any misrepresentation by me on this application will be sufficient cause for cancellation of this application.

I give LCDSNB the right to investigate and secure additional information about me, if related. This may include law enforcement records. I release from liability the LCDSNB and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature _____ Date _____

For more information about volunteer opportunities with LCDSNB or questions regarding this application, please contact:

**Monica Taylor
Grants & Community Relations Director
1860 Hwy 14, Laurens, SC 29360
864-683-5628**