CLERMONT COUNTY PROBATE COURT
2379 CLERMONT CENTER DRIVE
BATAVIA, OHIO 45103

JAMES A. SHRIVER, JUDGE

Application for Public Volunteer Board Member
Clermont County Developmental Disabilities

Name of Applicant: _____
First Middle Last

Address: _____
Street State Zip Code

Email Address: _____ Home Phone: _____

Occupation: _____ Work Phone: _____

CURRENT
Place of Employment*:* _____ Mobile Phone: _____

Employment History:

ORGANIZATION	POSITION	DATES

Education:

SCHOOL NAME	FIELD OF STUDY	DATES	DEGREE

Please list memberships in any civic, professional and community organizations, including any offices held:

Please list participation in any civic or non-profit activities: _____

_____

Please list three references:

NAME	ADDRESS	PHONE

Are you 18 years or older? _____ YES _____ NO

How long have you lived in Clermont County? _____

Have you ever been arrested for or convicted of a felony? _____ YES _____ NO

If yes, please explain: _____

Are you related or closely associated with anyone currently employed by Clermont County? _____ YES _____NO

If yes, whom? _____

Is any member of your immediate family an employee of Clermont County Developmental Disabilities or closely associated with anyone working for Clermont County Developmental Disabilities? _____ YES _____ NO

If yes, please explain: _____

Does any member of your family have a contract with an agency that does business with Clermont County Developmental Disabilities? _____ YES _____ NO

If yes, please explain:

Please explain what knowledge you have in the field of developmental disabilities or other allied fields.

Do you have an immediate family member of an individual eligible for residential services or supported living?

_____ YES _____NO

If yes, please explain:

What professional training and experience do you have in?

1. Business Management:

2. Finance: _____

3. Law: _____

4. Personnel Administration: _____

6. Government Service:

Please state your reasons why you wish to serve on the Clermont DD Board: _____

Please list any special skills, educational background, or experiences that should be considered in reviewing your request: _____

I do hereby authorize the Clermont County Probate Court to obtain my current residence address, criminal history records, driving records, public records, or any criminal justice agency records that I may have in any federal, state, county, and municipal jurisdictions.

I CERTIFY THAT THE STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT ANY FALSE STATEMENTS WILL VOID THIS APPLICATION AND ANY ACTIONS BASED ON IT.

_____ _____

Signature of Applicant **Date**