



# Volunteer Application

Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address (optional, but encouraged) \_\_\_\_\_

**Volunteer Position desired:** please check all that apply

\_\_\_\_\_ **Special Event Volunteer** – assists staff with single events e.g. Ice Cream Social, Special Arts Festival, Chili Challenge, and Fall Festival. **Must be at least 12 years of age.**

\_\_\_\_\_ **Scheduled Volunteer** – assists staff or consumer/student on a regularly scheduled basis  
Requirements: at least 18 years of age, must complete; application, personal interview with Volunteer Coordinator, background and reference check, TB test and Volunteer Training/Orientation.

*Complete the following if you wish to participate as a **Scheduled Volunteer** (see description above). Otherwise, please complete reverse side of form.*

**Areas of Interest** (select one or more)

\_\_\_\_\_ Clerical Support \_\_\_\_\_ Windfall School/Classroom \_\_\_\_\_ Adult Recreation/Leisure Programming  
\_\_\_\_\_ Direct Care \_\_\_\_\_ Resource Library \_\_\_\_\_ Other

**Times Available** (mark the times you are available)

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

**Special skills, training or hobbies that you would be interested in sharing**

\_\_\_\_\_  
\_\_\_\_\_

**References** – Please provide the names/contact information for three individuals (non-relatives) that may be contacted.

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

(over)

## Liability Release

My signature constitutes that my responses are true, that I understand and am in agreement with the policies and procedures of the Medina County Board of DD. I agree to assume all risks associated with volunteering at the Agency and agree to the following:

I, the undersigned, hereby indemnify and hold harmless the Medina County Board of DD and the Medina County Commissioners, their employee, agents, representatives and other volunteers from any and all claims, action, suits, proceedings, costs, expenses, damages and liabilities, including attorney fees, debts, or demands of any kind and nature whatsoever, arising out or connected with my participation in any activities during the time at which I volunteer.

The terms herein shall serve as a release and assumption of the risk for my heirs, estate, executor, administrator, assignee, and for all members of my family.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under age 18)

\_\_\_\_\_  
Date

## Volunteer Confidentiality Agreement

As a volunteer at the Medina County Board of Developmental Disabilities I will be exposed to confidential information. I understand that the only appropriate place to share specific information is with members of the Medina County Board of Developmental Disabilities staff.

I recognize that an individual's name and/or any information about him/her and his/her family is also confidential. Therefore, I will not reveal any information that could lead to the identification of the enrollee or family.

I understand that I may not discuss an individual's personal information with my significant other, friends, family, research requests or other volunteers.

I understand that a breach of confidentiality may be sufficient reason for termination as a volunteer.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under age 18)

\_\_\_\_\_  
Date

## Background Check Authorization (if age 18 or older)

Have you ever been convicted of a felony? \_\_\_\_\_ yes \_\_\_\_\_ no

I authorize the Medina County Board of Developmental Disabilities (MCBDD), to solicit a national felony background check. I understand that this background check includes convictions of child abuse, neglect, molestation or any other sexual crime. I also understand that this does not include my credit history, any misdemeanors, driving record, or felonies older than seven years and that I am not supplying my social security number. I agree to supply my social security number only in the event of a questionable item on my background check in order that a more detailed check be made and my background clarified. I fully understand that personal information will be held confidential by the MCBDD staff.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date