



Volunteer Application

Date _____

Name _____ Birth Date _____

Address _____

Phone Number _____ E-mail Address _____

Opt in to receive Volunteer e-Newsletter Yes No

Volunteer Position desired: please check all that apply

_____ **Special Event Volunteer** – assists staff with single events e.g. Ice Cream Social, Windfall School Art Festival, Shred Day, 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 _____ 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

I, _____, hereby fully release, indemnify and hold harmless the Medina County Board of Developmental Disabilities and the Medina County Commissioners, their employees, agents, representatives and volunteers from any and all claims, actions and demands for expenses, damages, and liabilities, including fees, debts, loss of property, injury to persons including and up to loss of life, and all other actions or causes of action arising out of or connected with my (or my minor child's) attendance at or participation in MCBDD Volunteer activities, except for those claims that arise from the sole and exclusive negligence, or intentional acts, of the Medina County Board of DD, and the Medina County Commissioners, and their employees. I further agree to indemnify and defend against any such claims.

I hereby consent to emergency first aid which may be deemed necessary in the event of injury, accident, and/or illness during an activity or event.

I have read and fully understand this Volunteer Release of Liability/Indemnity (and give my child permission to participate if under 18 years of age).

_____ Signature	_____ Date
_____ Parent/Guardian Signature (if under 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
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