



Application For Volunteer Services

First Name: _____ Last Name: _____ Date: _____
 Address: _____ Date of Birth: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Email: _____
 Emergency Contact: _____ Relationship: _____ Phone: _____

References

1. Employer, teacher, minister, or other professional

Name: _____ Relationship: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____

2. Personal reference

Name: _____ Relationship: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____

Education/Training History

School	Degree/Certificate	Major/Field
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work/Volunteer Experience

Agency/Organization	Phone	Position	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Regulations for Volunteers

1. Unless a volunteer has previously volunteered, he/she must be **at least 18 years of age**, verified by birth certificate.
2. Volunteers are to be interviewed as to preferred work assignment. They will then volunteer their time in an activity that meets those specifications, under the guidance of a supervisor assigned by the appropriate Director.
3. Volunteers are not asked to lift or toilet students/consumers.
4. Hours of service are determined by the volunteer and supervisor. Hours may vary with agreement between the volunteer and supervisor.
5. Volunteers are encouraged to report any difficulties they may experience to the Program Assistant/Volunteer Coordinator, who will act as in information-gatherer on matters of substance. The facts are then to be transmitted to the supervisor in any particular situation for resolution by that supervisor.
6. Volunteers will report hours and days worked to the supervisor, who will tabulate them and report same to the Program Assistant/Volunteer Coordinator so that accurate records may be kept.
7. Volunteers will adhere to the Human Resources policies of the Lorain County Board of Developmental Disabilities as they relate to behavior, punctuality, attendance, and privileged information.
8. Volunteers are not to be left alone in charge of a student/consumer.
9. Volunteers are not to be used to discipline students/consumers nor are they to administer discipline to students/consumers.
10. A volunteer will have the following on file, in the office of the Program Assistant/Volunteer Coordinator:
 - a. Volunteer Release Form
 - b. Volunteer Application
 - c. Emergency telephone number for notifying family in case of an emergency
 - d. Volunteers who will have direct contact with consumers will have a verification of a negative finding on a Tuberculin test within the past three (3) years. (Either a "blue card" from being tested or a letter from a personal physician.)
 - e. Background-check free of felonies, and in the case of volunteer drivers also moving traffic violations.



Statement of Volunteer Confidentiality

As an approved volunteer with references and release forms completed, I agree to maintain confidentiality of all student/consumer information obtained by virtue of my volunteer experiences.

In keeping with the Federal Privacy Act of 1974, the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the NASW Code of Ethics, I agree to the following:

Except for necessary questions about students/consumers which I will ask staff members in order to do my volunteer experience successfully, I will not discuss the identity of any student/consumer and will avoid mention of any student/consumer by name or behavior away from the agency.

I will avoid disclosing any identifying information about students/consumers in any form to any individual, except as noted above.

I will avoid disclosing the location of any agency which must maintain secrecy in order to guarantee consumer safety.

I will use no electronic recording equipment (audio, video, digital camera, cell phone, etc.) while volunteering with students/consumers.

Unless I have permission from the Program Assistant/Volunteer Coordinator and parents/guardians of the student or consumer involved, I will avoid developing a personal relationship with a student/consumer.

I understand that violation of confidentiality may result in removal from my volunteer experience and/or legal action by the student/consumer, his or her parents/guardians, or the agency.

Volunteer Signature

Date

Program Assistant/Volunteer Coordinator

Date



Volunteer Release

▪ *Please read carefully before signing* ▪

I waive my right and/or the rights of my family to initiate and/or bring any legal proceedings against the Lorain County Board of Developmental Disabilities (LCBDD), and/or any of its employees, and/or any person served by LCBDD. This includes, but is not limited to, any injuries to me, or damages to or losses of my personal property as a result of volunteering at a Murray Ridge Opportunity & Vocational Center, Murray Ridge School, the Meister Home, or any other LCBDD or community location as a representative of Murray Ridge Center.

I fully understand that I am not eligible to receive Workers Compensation for any injury I may suffer as a result of the service I render as a volunteer.

I fully understand that the Lorain County Board of Developmental Disabilities does not carry any liability or medical insurance on my behalf while serving as a volunteer for the aforesaid agency. Further, I fully understand that I am answerable personally for my negligence and resulting damages allegedly suffered by LCBDD-eligible individuals while serving as a volunteer.

I understand that I must have a Minor Release Form signed for any child that will accompany me to volunteer for LCBDD. The Minor Release Form, as applicable, should be obtained from the LCBDD Coordinator of Volunteers.

*** Must be signed in the presence of a Notary ***

I have read and fully understand the provisions of this document

on this _____ day of _____ 20__.

Signature of Volunteer

**STATE OF OHIO
COUNTY OF LORAIN**

Subscribed and sworn to before me this _____ day of _____ 20__, by

Volunteer printed name

Notary Public

Commission Expiration Date



WEBCHECK WAIVER

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (1B0041-Lorain County Board of DD) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me.

I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information.

I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

This authorization and waiver is valid for one year from the date this background check was conducted.

(Signature)

