

SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC. 4283 Paradise Road Seville, OH 44273 877.546.8568 or 330.722.1900 Fax: 330.723.6695 www.thesocietylink.org

## **VOLUNTEER APPLICATION**

<b>REQUIRED INFORMATION</b>					
First Name	Last Name				
Address					
City	_ State	Zip Code			
Phone: Home W	<sup>7</sup> ork	_ E-mail			
Are you 18 years of age or older? Yes	No				
Have you ever been convicted of a crime?	Yes No				
Have your ever been convicted of a felony or	misdemeanor? Yes	No			
If yes, explain					
Have you been a resident of the State of Ohio for 5 years or more? Yes No					
Person to notify in case of emergency					
Address					
Day phone	Evening phone				
Please indicate the area(s) you would like to volunteer:   ACTIVITIES: Background Check Required for all "Activity" categories □ Camp Paradise   □ Residents					
Confidentiality Agreement					
I understand and agree that all information received or read concerning residents and/or other areas of the Society for Handicapped Citizens of Medina County, Inc. is of a confidential nature and shall not be used for any other purpose beyond the workplace.					
Signature of Volunteer		_ Date			
Signature of Volunteer Date   *By typing your name above you are stating you agree with the above statement.					

-over-

PLEASE LIST MOST RECENT EMPLOYER AND PREVIOUS VOLUNTEER EXPERIENCES:					
Employer/Organization	Dates	<b>Contact Person / Phone</b>			
PLEASE LIST 2 NON-FAMILY REFERENCES:					
Name	Relationship	Address & Phone Number			
1					

## REQUEST FOR INFORMATION FROM FORMER ORGANIZATIONS AND PERSONAL REFERENCES

2.

I authorize the Society for Handicapped Citizens of Medina County, Inc. (SHC) to request information regarding my character and service from other organizations where I volunteered and/or personal references. I hereby unconditionally release these individuals from any liability or damage, which may result from furnishing the information requested. I understand that the information will be kept in strict confidence.

Signature of Volunteer		Date	
^^^^		AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	^^^^
Date Reference Check Completed	:		
Background Check Required: 🗖	Yes D No Date H	Background Check Completed: _	
Assignment:			
Training Required: 🛛 Yes 🔾	No 🛛 Clients Rights	Confidentiality Statement	MUI Training
	Home Specific		
Date Training Completed:		Trainer:	