



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

REQUIRED INFORMATION

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home _____ Work _____ E-mail _____

Are you 18 years of age or older? ____ Yes ____ No

Have you ever been convicted of a crime? ____ Yes ____ No

Have you 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 _____ (name of individual and facility)

LANDSCAPING: Plant/upkeep flower beds Rake leaves Cut grass Trim shrubs

OFFICE: Resource Center Assemble Newsletter SHC Office

PEOPLE TOGETHER PROGRAM: Speaker

RESTRICTED FUND RAISING: Special Events

Check days available: Mon Tues Wed Thurs Fri Sat Sun

Please specify times: _____

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** _____

*By typing your name above you are stating you agree with the above statement.

