

## 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

## **YOUTH VOLUNTEER APPLICATION – UNDER 18 YEARS OLD**

REQUIRED INFORMATION		
First Name	Last Name	
Address		
City	State	Zip Code
Phone: Home	Work	E-mail
Are you under 18 years of age?	Yes No	
Have you been a resident of the State of	Ohio for 5 years or more	e? Yes No
Person to notify in case of emergency _		
Address		
Day phone	Evening J	phone
PARENT OR GUA	ARDIAN MUST COMP	PLETE THIS SECTION
I give permission for     of Medina County, Inc. (The Society)		ate in the Society for Handicapped Citizens
	rmission for	ermitted to transport any clients in a vehicle to be transported in The
E-Signature of parent or guardian- by typing your agreeing that you give permission for the above s		Date
Please indicate the area(s) you would	like to volunteer:	
<b>ACTIVITIES:</b> □ Camp Paradise		
□ Job Shadowing		(Position)
<b>OFFICE:</b> Resource Center	The Society Office	
PEOPLE TOGETHER PROGRAM:	□ Speaker	
RESTRICTED FUND RAISING:	•	
Check days available:   Mon   Tue	_	□ Fri □ Sat □ Sun
Please specify times:		
	Confidentiality Agreem	nent
		rning residents and/or other areas of the Society al nature and shall not be used for any other
E-Signature of Volunteer		
*By typing your name above you are stating y	ou agree with the above st	atement.

## **The Society**

PLEASE LIST MOST RECENT E		
Employer/Organization	Dates	Contact Person / Phone
PLEASE LIST 2 NON-FAMILY R	REFERENCES:	
Name	Relationship	Address & Phone Number
1		
2		
•	NFORMATION FROM FORM AND PERSONAL REFEREN	
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