

Individual Volunteer Application

General Information

Name: _____ Salutation (Mr., Mrs. Dr., etc.): _____

Nickname/Preferred Name: _____ Social Security #: _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-mail: _____

Have you lived in Ohio for the past five years? Yes No

Educational Background (please check all that apply)

_____ High school diploma/GED -**OR**- highest grade level completed: _____

_____ Associate's degree – field of study: _____

_____ Bachelor's degree – field of study: _____

_____ Graduate/Professional degree – field of study: _____

Employment

Occupation: _____ Employer: _____

Work Address: _____ City: _____ Zip: _____

Have you ever been employed by Hattie Larlham? Yes No Dates: _____

Preferences

Is there a particular volunteer area that interests you?

_____ Events (hospitality, ticket sales, registration, committees, etc.)

_____ Facility (clerical, laundry, sewing, landscaping, etc.)

_____ Enrichment (therapy assistance, companion program, sports/hobbies, recreation, etc.)

_____ Other: _____

Preferred volunteer locations:

_____ Summit County (community homes)

_____ Stark County (community homes)

_____ Portage County (Center for Children and community homes)

_____ Cuyahoga County (community homes)

Preferred times to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

If you are only available during certain times of the year, please indicate which months you prefer: _____

References (non-relatives, please)

Name: _____ Relationship to applicant: _____
Address: _____ City: _____ Zip: _____
Phone: _____ E-mail (optional): _____

Name: _____ Relationship to applicant: _____
Address: _____ City: _____ Zip: _____
Phone: _____ E-mail (optional): _____

Name: _____ Relationship to applicant: _____
Address: _____ City: _____ Zip: _____
Phone: _____ E-mail (optional): _____

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

Individual Volunteer Authorization for Background Investigation

(for volunteers ages 18 and older)

Hattie Larlham is required to obtain a criminal records check for adult volunteers to comply with Ohio licensure requirements. A criminal records check will be ordered from the Bureau of Criminal Investigation (BCI) before an applicant begins his/her volunteer service.

As an applicant for volunteer service at Hattie Larlham, I understand that in order to process the required criminal records check a set of fingerprint impressions will be taken from the BCI and also FBI if the applicant has not lived in the state of Ohio for the last five consecutive years. I further understand that my acceptance into the volunteer program is conditional upon the results of the criminal records check. Lastly, I understand if I am convicted of an offense, while I am a volunteer at Hattie Larlham, that would have precluded my being accepted into the volunteer program, Hattie Larlham will terminate my volunteer services.

Signature _____ Date _____

Individual Volunteer Emergency Medical Form

Volunteer Information

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Social Security #: _____ If under age 18, please give date of birth: ____

Primary Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Emergency Contact Information

Name: _____ Relationship to volunteer: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Name: _____ Relationship to volunteer: _____

Address: _____ City: _____ Zip: _____

Phone: _____

If either emergency contact cannot be reached, Hattie Larlham reserves the right to seek medical assistance at the nearest medical facility. Hattie Larlham is not liable for any legal issue that may result from this action.

Signature _____

Date: _____

(parent/guardian signature required for volunteers under age 18)



Tuberculosis Consent Form

(for volunteers age 14 and older)

I, _____, agree to be tested for tuberculosis before my volunteer service can begin.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(required if applicant is under age 18)





Likeness/Information Release Form

Hattie Larlham is continuously seeking to promote a positive image of children and adults with mental retardation/developmental disabilities. To develop this image, Hattie Larlham creates materials that feature photographs, images and information of the individuals we serve. Hattie Larlham also uses these materials for its fundraising and marketing purposes.

The materials created by Hattie Larlham include, but are not limited to, the following: newsletters, mailings, articles, brochures, pamphlets, flyers, display photos, posters, videotapes, the Hattie Larlham Web site, HattieVision, orientation and training materials, training and programming materials for the individuals, educational materials, promotional, marketing and fundraising materials, proposals, grant applications, conference materials, displays, informational handouts, and advertisements. Hattie Larlham may use these materials internally and externally. These materials may appear in, on or at newspapers, magazines, television, radio, trade shows, conferences, fundraising events, and other Hattie Larlham sponsored events. People who may see these materials include donors, employees, volunteers, other parents or guardians, other individuals we serve and the general public.

By signing this authorization, you are giving Hattie Larlham and each of its agencies permission to use the photographs, images and information of you (or your child) for the purposes described herein. You are also waiving any right to inspect or approve the finished materials and consenting to the possible broadcast of these materials now or in the future.

This authorization will expire one (1) year from the date it is signed.

I understand that I may revoke this authorization at any time by notifying Michelle Anderson, Privacy Officer, in writing at the address listed below, except to the extent that Hattie Larlham has already used or disclosed the photographs, images or information in reliance on this authorization.

I understand that Hattie Larlham may not condition treatment on the signing of this authorization.

I understand that the photographs, images, and information received by the person(s) described above may be further used or disclosed by such person(s).

I hereby authorize Hattie Larlham and each of its agencies to use and disclose _____'s photographs, images and information as described herein, except as listed below:

My (my child's) photographs, images and information may not be used or disclosed for:

_____.

My (my child's) photographs, images and information may not be disclosed to:

_____.

Individual/Parent/Guardian Signature

Date

If this authorization is signed by a parent or guardian, please describe your authority to sign on behalf of the individual _____.

Hattie Larlham · 9772 Diagonal Road · Mantua, Ohio 44255 · 330.274.2272