



YOUTH VOLUNTEER APPLICATION
(PLEASE PRINT, PLEASE USE INK)

Date: _____

First Name: _____ Last Name: _____

Nickname/Preferred Name: _____ Age: _____ Gender: Male Female

Address: _____ City: _____ Zip Code: _____ County _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Date of Birth _____

School System: _____ School: _____ Grade: _____

Below are the general volunteer activities offered to youth volunteers. Please check the activities that suit your age and interest.

Monthly birthday
party assistant
(Wednesday nights, ages 8+)

Youth Volunteer Corps
resident companion
(Thursday nights, ages 8+)

Monthly holiday
party assistant
(evenings vary, ages 8+)

Toddler play group assistant
(Friday nights, ages 16+)

Summer Youth Corps
assistant camp counselor
(June-August, ages 14+)

All ages recreational activities
(Monday & Wednesday nights,
ages 8+)

Please list parents/guardians:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please list siblings (Name, Age): _____

Please list your current or near future extracurricular activities in addition to volunteering at Hattie Larlham.

Are you joining us to fulfill service hours requirements for your school or civic organization? If so, please list the organization's name, contact information and hours needed. Please attach any forms that need to be completed by the volunteer department.

Organization's Name: _____ Contact Person: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ E-mail address: _____

Type of service needed: _____ Hours needed: _____

Volunteer Resources Department

Hattie Larlham
9772 Diagonal Road
Mantua, Ohio 44255
www.hattielarlham.org
1-800-233-8611

Jenna Allen; Volunteer Coordinator
ext. 3866
jenna.allen@hattielarlham.org

Ericka Abram; Volunteer Specialist
ext. 3027
ericka.abram@hattielarlham.org



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 of the emergency contacts cannot be reached, Hattie Larlham reserves the right to seek medical assistance at the nearest medical facility. Hattie Larlham will be held harmless in all legal issues that may result from this action.

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

Date: _____



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 _____
(required if applicant is under age 18)

Date _____



Likeness/Information Release Form

Hattie Larlham is always 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 website, 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, Public Awareness 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 _____.