



## VOLUNTEER APPLICATION

Thank you for your interest in volunteering for Hattie Larlham! Please complete this application and submit a hard copy or via e-mail to the Volunteer Department. As part of the volunteer application process, you are also required to complete and submit the Volunteer Agreement form – see separate document. If this application is for a youth volunteer, the information in this application should pertain to the youth who is applying to volunteer – the parent/guardian of the youth must provide written consent at the end section of this application. Please note that all volunteer applicants will be screened for a criminal background check and anyone with a criminal background is not permitted to volunteer for Hattie Larlham.

### **GENERAL INFORMATION**

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Date: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Have you lived in Ohio during the past five years?  yes  no

Have you previously volunteered for Hattie Larlham?  yes  no  
If yes, when: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

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Emergency Contact Name: \_\_\_\_\_  
Relationship to Volunteer: \_\_\_\_\_  
Emergency Contact Phone: \_\_\_\_\_

If the emergency contact 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.

### **EMPLOYMENT INFORMATION**

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Are you currently employed?  yes  no

Name of Employer: \_\_\_\_\_  
Your Occupation: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

Have you ever been employed by Hattie Larlham?  yes  no  
If yes, when: \_\_\_\_\_

## **AREAS OF VOLUNTEER INTEREST**

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Please select all areas you are interested in:

### Working Directly with Persons Served by Hattie Larlham

- Reading to persons served
- Singing
- Playing instruments
- Playing games
- Crafts
- Going on walks
- Playing sports
- Hydrotherapy pool
- Going on community outings
- Achieve classroom assistance – day program (Mon- Fri: 9am – 4:30pm)
- Constant Companions activity assistance – day program (Mon- Fri: 8am – 3pm)
- Hattie’s Gardens – seasonal (Mon- Fri: 9am – 2:30pm)
- Other: \_\_\_\_\_

- Hattie Larlham Sponsored Events (e.g. fundraising events)

### Clerical

- Filing
- Computer work/data entry
- Copying/scanning

### Virtual Based

- Sewing
- Card Buddies

### Facility Based

- Decorating
- Landscaping/Gardening
- Construction/Painting

## **PREFERRED VOLUNTEERING STYLE**

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Please select all styles of volunteering you are interested in:

- One-on-one interactions with persons served by Hattie Larlham
- Small groups (with other volunteers, and/or Hattie Larlham employees, and/or various persons served)
- Larger groups (with other volunteers, and/or Hattie Larlham employees, and/or various persons served)
- Large Hattie Larlham events at Hattie Larlham facilities or in the community

## **PREFRRED LOCATION FOR VOLUNTEERING**

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Please select all locations you are interested in volunteering at:

- Portage County (Mantua)
- Cuyahoga County (Bedford Heights, Oakwood Village, Solon, Middleburg Heights)
- Summit County
- Franklin County
- Delaware County
- Hamilton County

**AVAILABILITY**

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Please indicate your available days and times to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

What is your first date of availability? \_\_\_\_\_

**SERVICE HOURS**

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**\*Please be advised that Hattie Larlham does not accept court ordered community service**

If you are looking to fulfill service hour requirements for school or for a civic organization, please complete the following information and please attach any forms that need to be completed and submit them to the Hattie Larlham Volunteer Department prior to your service fulfillment.

Organization Name: \_\_\_\_\_  
Agency Contact Person: \_\_\_\_\_  
Organization Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Organization E-mail: \_\_\_\_\_

Type of Service Requested: \_\_\_\_\_  
Hours Required: \_\_\_\_\_

**PARENTAL CONSENT FOR MINORS UNDER AGE 18**

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Hattie Larlham has volunteer opportunities for youth ages 6 – 17.  
Youths who are age 15 and under require adult supervision while volunteering.

Parent/Guardian must complete this section for minors under 18 who wish to volunteer:

I, (full name) \_\_\_\_\_, give my permission and consent for my child/ward (full name) \_\_\_\_\_ to volunteer with Hattie Larlham.

By signing below, I acknowledge my child/ward and I have read through the Youth Volunteer Program Book and I have explained the terms and conditions outlined in the Youth Volunteer Program Book to my child/ward.

Parent/Guardian Signature: \_\_\_\_\_

**HATTIE LARLHAM INFORMATION**

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- Please check here if you would like to receive information about Hattie Larlham via E-mail
- Please check here if you would like to receive Hattie Larlham volunteer information via E-mail