Group Volunteer Opportunity Request

Thank you for your interest in volunteering for Hattie Larlham. Your contribution enhances our mission to provide comfort, joy and achievement to children and adults with intellectual and developmental disabilities. We strive to provide a meaningful and rewarding opportunity for your group.

**GENERAL INFORMATION**

- **Our group would like to volunteer in**: ☐ Northeast Ohio  ☐ Columbus Area
- **Name of Group/Organization**
- **Group Leader Name**
- **Mailing Address for Group/Organization**
- **City/State/ZIP**
- **Group Leader Phone Numbers**: Cell  Work  Preferred #  ☐ Cell  ☐ Work
- **Group Leader email address**

Has your group/organization previously volunteered for Hattie Larlham? ☐ Yes  ☐ No

If yes, when did you volunteer?

**GROUP VOLUNTEER PREFERENCES**

- **Estimated Group Size**: _____ adults  _____ youth*
  *Guidelines for youth groups: middle and high school groups require 2 adults per 15 youth. Children under 16 years of age must be accompanied by an adult

- **Preferred Volunteer Experience** *(check all that apply)*:
  - ☐ Directly with adults or children with disabilities – i.e., crafts, dances, local activities in the community *(theater, museums, restaurants, bowling, sporting games, theme parks)*
  - ☐ Special Events – golf outing, gala, dinner dances, 5K run/walk
  - ☐ One day/one time experiences - painting, deep cleaning, yard work, organizing

- **Preferred Location(s)**:
  - ☐ Cuyahoga County  ☐ Portage County (Hattie Larlham Center for Children with Disabilities)
  - ☐ Summit County  ☐ Franklin County  ☐ Delaware County  ☐ Hamilton County
  - ☐ Other (please list) ______________________________________________________________

- **Preferred Dates for Volunteer Experience**
  - 1st Choice
  - 2nd Choice
  - 3rd Choice

- **Preferred Times for Volunteer Experience**
  - 1st Choice
  - 2nd Choice
  - 3rd Choice

**PLEASE NOTE**: We cannot always guarantee your first choice(s) of dates/times. After this application is received by Hattie Larlham, a volunteer coordinator will reach out to the Group Leader to schedule a date and time for the volunteer experience. Once a date is set, the Volunteer Coordinator will provide the Group Leader with the Volunteer Agreement, which each individual volunteer from the group will then need to complete, sign and bring with them on the scheduled date.

**HATTIE LARLHAM COMMUNICATIONS PREFERENCES**

By completing this application, you agree to receive email and printed mail from Hattie Larlham, including news/events/volunteer opportunities information via email, as well as our biannual printed magazine, FOCUS. If you do not wish to receive any of these communications, please check the appropriate boxes below. Please note: you will still receive email from Hattie Larlham to coordinate your volunteer experience(s).

- ☐ I do not wish to receive general Hattie Larlham news and events information via email
- ☐ I do not wish to receive Hattie Larlham volunteer opportunities information via email
- ☐ I do not wish to receive FOCUS, Hattie Larlham’s biannual printed magazine, via postal mail

**RETURN FORM TO**

**In Northeast Ohio:**
- Lauri Molnar, Volunteer Coordinator
  - lauri.molnar@hattielarlham.org
- Hattie Larlham
  - 9772 Diagonal Rd.
  - Mantua Ohio 44255

**For Franklin, Delaware or Hamilton County:**
- Carla Stokes
  - cstokes@addohio.org
- Hattie Larlham
  - 769 Brookside Blvd
  - Westerville, OH 43081