

Volunteer Services

937-378-2900 ext. 2739



VOLUNTEER APPLICATION

PREFERRED FORM OF ADDRESS
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss
Nickname: _____

BIRTHDAY
Month Day Year

APPLICATION DATE
Month Day Year

LAST NAME
FIRST NAME
MIDDLE

NAME AND ADDRESS		
<i>Please answer all questions. PRINT CLEARLY</i>		
LAST NAME	FIRST NAME	MIDDLE
ADDRESS		
CITY	STATE	ZIP
FATHER'S NAME <i>if applicable</i>	OCCUPATION	
MOTHER'S NAME <i>if applicable</i>	OCCUPATION	

PHONE NUMBERS AND EMAIL	
HOME PHONE	WORK PHONE
CELL PHONE	EMAIL

EMERGENCY CONTACT INFORMATION		
FIRST NAME	MIDDLE INITIAL	LAST NAME
RELATIONSHIP	HOME PHONE	
WORK PHONE	CELL PHONE	

VOLUNTEER EXPERIENCE	
HAVE YOU EVER VOLUNTEERED AT THE OHIO VETERANS HOME IN THE PAST?	YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU NOW, OR HAVE YOU BEEN A VOLUNTEER IN ANY ORGANIZATION(S)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF SO, WHERE AND WHEN _____	

CURRENT EMPLOYMENT

ARE YOU CURRENTLY EMPLOYED? YES NO

COMPANY NAME

POSITION HOURS OF WORK

PROFESSIONAL/CIVIC MEMBERSHIPS

ORGANIZATION ROLE

ORGANIZATION ROLE

ORGANIZATION ROLE

REFERENCES

Please list 3 references **NOT** related.

NAME PHONE

NAME PHONE

NAME PHONE

INTERNSHIPS/PRACTICUM

If you are volunteering as part of an academic requirement, complete

INSTITUTION COURSE

INSTRUCTOR NUMBER OF HOURS

COMMUNITY SERVICE

PROBATION OFFICER NAME PHONE

HAVE YOU BEEN CONVICTED OF OR ARE THERE ANY OUTSTANDING FELONY CHARGES? NUMBER OF HOURS REQUIRED
 YES NO

EDUCATIONAL STATUS

MIDDLE/HIGH SCHOOL STUDENT GRADE

NAME OF SCHOOL PRINCIPAL/COUNSELOR

COLLEGE/COLLEGE GRADUATE DEGREE

DAYS AVAILABLE TO VOLUNTEER

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY
_____ MORNING _____ AFTERNOON _____ EVENING

SPECIAL SKILLS/INTERESTS

Please list those skills in which you have experience or are interested in

	LIKES	DISLIKES	WILLING TO LEARN
ARTS/CRAFTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXERCISE/SPORTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MUSIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READING/WRITING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPIRITUAL/RELIGIOUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRIPS/SHOPPING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALKING OUTDOORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATCHING TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GARDENING/PLANTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TALKING/CONVERSING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDS/GAMES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VOLUNTEER CONFIDENTIALITY AGREEMENT

I certify that I have read and received a copy of The Volunteer Handbook, which includes the Patient’s Bill of Rights. I understand that all information told to me or overheard is confidential and that I am forbidden to discuss this information with any person. I have been made fully aware that a breach of confidentiality could expose me to the risk of a legal action by the patient and could mean my immediate dismissal as a volunteer.

Volunteer Signature _____ Date _____

VOLUNTEER AGREEMENT

I certify that the answers given here are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for volunteer services as may be necessary in arriving at a placement decision. I fully realize that my volunteer service in no way commits Ohio Veterans Home to future employment. I also certify that I have been given a copy of all policies and procedures and have had these fully explained to me. **Waiver and Release.** I hereby release and forever discharge and hold harmless the Ohio Veterans Home (OVH) and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise. I understand that this release discharges OVH from any liability or claim that I may have against OVH with respect to any bodily injury, personal injury, illness, death, disability, property damage, incidental or consequential damages, punitive damages or special damages that may result from volunteering, whether caused by the negligence of OVH or its officers, directors, employees or agents, other OVH volunteers, or otherwise. I also understand that OVH does not assume any responsibility for or obligation to provide financial aid or other assistance, including but not limited to, medical, health or disability insurance.

Volunteer Signature _____ Date _____

PARENTAL RELEASE if under 18 years of aged

I, the parent/guardian of this student, grant my permission for him/her to volunteer at the Ohio Veterans Home. I understand that he/she is making a minimum 3 month commitment to volunteer service. I will see that he/she arrives on time when scheduled. I also understand that there is to be sufficient notification to the Volunteer Coordinator if the volunteer must be absent, and that frequent absences and/or failure to follow policies and procedures may lead to dismissal.

Parent/Guardian Signature _____ Date _____