

# G.O. Community Development Corporation

## Volunteer Application and Agreement Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*Name of Parent or

Guardian if under 18 years: \_\_\_\_\_

\*If volunteer is under 18 years, the parent or guardian must also complete a volunteer application and agreement form.

Address: \_\_\_\_\_ Tele: \_\_\_\_\_(H); \_\_\_\_\_(O)

\_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Company of Volunteer Group Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Emergency

Contact: \_\_\_\_\_

(Name)

(Tele.No.; Indicate Home, Work or Cell)

(Relationship)

Do you have any friends/family members who are employed or volunteer here? \_\_\_\_ Yes \_\_\_\_

When are you available to volunteer (specify hours of availability)?

Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_

Saturday \_\_\_\_ Sunday \_\_\_\_ Holidays only \_\_\_\_

Types of volunteer work you think you'd be most comfortable with:

\_\_\_ Helping with a group activity

\_\_\_ Saturday Drop Off Respite Program

\_\_\_ Working one on one

\_\_\_ Helping at the Day program

\_\_\_ Helping at a group home

List Your Past Volunteer Experiences:

Organization: \_\_\_\_\_ Duties: \_\_\_\_\_ Mo/Yr. to Mo/Yr. \_\_\_\_\_

Organization: \_\_\_\_\_ Duties: \_\_\_\_\_ Mo/Yr. to Mo/Yr. \_\_\_\_\_

Have you ever been adjudged civilly or criminally liable for abuse of an individual with disabilities? No\_\_\_ Yes\_\_\_ Have you been convicted of a crime? No\_\_\_ Yes\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

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**Background check:** Enable requires volunteers working with individual consumers to submit to a background check. Criminal conviction does not necessarily bar an applicant from volunteering. The nature of the offense will be taken into consideration before a decision is made. There is no fee on the part of the volunteer for the background check. Screening must be completed before volunteers begin working with consumers.

\_\_\_\_\_ I agree to a background check.

REFERENCES: List two people, not related to you who have knowledge of your qualifications.

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Tele. No.: \_\_\_\_\_

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Tele. No.: \_\_\_\_\_

\_\_\_ I need the following accommodations(s) to work as a volunteer: \_\_\_\_\_

As a volunteer for G.O. CDC, I agree to abide by all applicable rules and regulations of the agency. I understand that I will receive no monetary benefits in return for my volunteer service and that G.O. CDC may terminate this agreement at any time without prior notice for any reason. I hereby authorize G.O. CDC to check my references, and I understand that a criminal background check is required.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the on-site manager and on-site orientation to perform my volunteer role.

I hereby release and waive liability against G.O. CDC, a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for G.O. CDC. Further, I agree that G.O. CDC, is not liable for any damage to my property or my dependents property resulting from volunteer work for G.O. CDC. I agree that this release is as broad and inclusive as permitted by the laws of the State of Ohio.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_