



Lorain County Board of Developmental Disabilities

1091 Infirmary Road, Elyria, Ohio 44035 (440) 329-3734 www.murrayridgecenter.org

MurrayRidgeCenter
HELPING PEOPLE...FOR A LIFETIME

Application for Volunteer Service

First Name: _____ Last Name: _____ Date: _____

Address: _____ D.O.B.: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail address: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

References

1. Employer, teacher, minister or other professional

Name: _____ Relationship: _____

Address/City/State/Zip: _____

Phone: _____

2. Personal reference

Name: _____ Relationship: _____

Address/City/State/Zip: _____

Phone: _____

Education/Training History

School	Degree/Certificate	Major/Field
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work/Volunteer Experience

Agency/Organization	Phone	Position	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Volunteer Interests:

- Arts and Crafts
- Clerical/Office Help
- Community outings– children/adults
- Fundraising projects
- Gardening
- Mentoring
- Music

- One-on-one time
- Reading
- Recreation activities
- Sanitize school toys
- Special Olympic events
- Seasonal/ Holiday events
- Sewing
- Tutoring

Please check all that apply: Retired? Student? Relative of a consumer? Consumer?
 Staff? Community Member?

Time commitment I can make: One time opportunity
 PRN- As needed
 3 months
 6 months
 1 year or longer

Your availability: Sunday Days
 Monday Evenings
 Tuesday Weekends
 Wednesday
 Thursday
 Friday
 Saturday

List three reasons for wanting to volunteer at Murray Ridge Center:

1. _____
2. _____
3. _____

Special skills and interests that you may like to utilize at Murray Ridge: -

How did you hear about Murray Ridge Center? _____

I certify that the information given in the application is true and accurate to the best of my knowledge.

For Agency Use Only

Interviewed by Volunteer Manager Date: _____

Recommended for Volunteer Services at _____

Beginning _____, with _____, as immediate supervisor.



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Regulations for Volunteers

1. Unless a volunteer has previously volunteered, he/she must be **at least 18 years of age**, verified by birth certificate.
2. Volunteers are to be interviewed as to preferred work assignment. They will then volunteer their time in an activity that meets those specifications, under the guidance of a supervisor assigned by the appropriate Director.
3. Volunteers are not asked to lift or toilet students/clients.
4. Hours of service are determined by the volunteer and supervisor. Hours may vary with agreement between the volunteer and supervisor.
5. Volunteers are encouraged to report any difficulties they may experience to the Community Education and Volunteer Manager, who will act as an information-gatherer on matters of substance. The facts are then to be transmitted to the supervisor in any particular situation for resolution by that supervisor.
6. Volunteers will report hours and days worked to the supervisor, who will tabulate them and report same to the Community Education and Volunteer Manager so that accurate records may be kept.
7. Volunteers will adhere to the Human Resource policies of the Lorain County Board of Developmental Disabilities as they relate to behavior, punctuality, attendance, and privileged information.
8. Volunteers are not to be left alone in charge of a student/client.
9. Volunteers are not to be used to discipline students/clients nor are they to administer discipline to students/clients.
10. A volunteer will have on file, in the office of the Community Education and Volunteer Manager,
 - a. Volunteer Release Form;
 - b. Volunteer Application - with two references
 - c. Emergency telephone number for notifying family in case of an emergency;
 - d. For volunteers who will have direct contact with consumers, verification of a negative finding on a Tuberculin test within the past three (3) years - either a "blue card" from the Lorain County General Health District, or a letter from a personal physician;
 - e. record free of felonies and (in the case of volunteer drivers) moving traffic violations.



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Statement of Volunteer Confidentiality

As an approved volunteer with references and release forms completed, I agree to maintain confidentiality of all consumer/student information obtained by virtue of my volunteer experiences.

In keeping with the Federal Privacy Act of 1974, the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the NASW Code of Ethics, I agree to the following:

Except for necessary questions about consumer/students which I will ask staff members in order to do my volunteer experience successfully, I will not discuss the identity of any consumer/student and will avoid mention of any consumer/student by name or behavior away from the agency.

I will avoid disclosing any identifying information about consumers/students in any form to any individual, except as noted above.

I will avoid disclosing the location of any agency which must maintain secrecy in order to guarantee client safety.

I will use no electronic recording equipment (audio, video, digital camera, etc.) while volunteering with consumers/students.

Unless I have permission from the Volunteer Manager and parents/guardians of the consumer or student involved, I will avoid developing a personal relationship with a consumer/student.

I understand that violation of confidentiality may result in removal from my volunteer experience and/or legal action by the consumer/student, his or her parents/guardians, or the agency.

Volunteer Signature

Date

Volunteer Manager

Date



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Volunteer Release

Please read carefully before signing

I waive my right and/or the rights of my family to initiate and/or bring any legal proceedings against the Lorain County Board of Developmental Disabilities, and/or any of its employees, and/or of the enrolled students and/or consumers. This includes, but is not limited to, any injuries to me, or damages to or losses of my personal property as a result of serving as a volunteer in the Murray Ridge Adult Centers, School, or any Group Home operated by the aforesaid agency.

I fully understand that I am not eligible to receive Workers Compensation for an injury I may suffer as a result of the service I render as a volunteer.

I fully understand that the Lorain County Board of Developmental Disabilities does not carry any liability or medical insurance on my behalf while serving as a volunteer for the aforesaid agency. Further, I fully understand that I am answerable personally for my negligence and resulting damages allegedly suffered by consumers and/or students while serving as a volunteer.

**I have read and fully understand the provisions of this document
on this _____ day of _____, 20__.**

Signature of Volunteer

**STATE OF OHIO
COUNTY OF LORAIN**

Subscribed and sworn to before me this _____ day of _____, 20__, by

Notary

Commission dates

WEBCHECK WAIVER

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (1BO041-Lorain County Board of DD) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me.

I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information.

I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

This authorization and waiver is valid for one year from the date this background check was conducted.

(Signature)



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Volunteer Hours Report*

Date: _____

Name/Position of Volunteer Completing Form

Volunteer Activity: _____

Name of Volunteer(s)

Dates of Volunteering

Hours

Signature of Employee Signing the Form,
Verifying that the Above Information is Accurate.
**Please use a separate sheet for each Volunteer.*

Please Return to Community Education/Volunteer Manager