

OHIO COUNTY FRN VOLUNTEER APPLICATION

Thank you for your interest and willingness to volunteer with the Ohio County Family Resource Network, Inc. *If you are under the age of 18, please complete the Ohio County FRN Youth Volunteer Application.* You MUST complete this application, all required training, and be APPROVED by the Executive Director **BEFORE** you can begin any volunteer assignment.

SECTION 1: PERSONAL INFORMATION
First Name: _____ M.I.: _____ Last Name: _____
Date of Birth: ___/___/___ Name Prefers to be called: _____
Age: _____ Gender: _____ Occupation: _____
Physical Address: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ Email address: _____

SECTION 2: HEALTH INFORMATION
List any allergies, medical conditions, and/or special accommodations we should be aware of (if none, write "N/A"): _____ _____ _____

SECTION 3: EMERGENCY CONTACT
Please list at least one person who can be contacted in the event of an emergency.
Relationship: _____ First Name: _____ Last Name: _____
Phone: _____ Email address: _____

SECTION 4: VOLUNTEER ASSIGNMENT QUESTIONNAIRE
Please answer the following questions so that we may place you in a volunteer assignment.
1. Which of the following programs are you interested in volunteering for? <i>Please check all that apply.</i>
<input type="checkbox"/> After School Program <input type="checkbox"/> Food Pantry/ Blessings Boxes
<input type="checkbox"/> Family/Community Events <input type="checkbox"/> Office/Admin Help
<input type="checkbox"/> Child care for Groups, Classes, and/or Events <input type="checkbox"/> Other:
<input type="checkbox"/> Fundraising Events

2. When are you available to volunteer?

Underneath each day, select the times you are available.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

3. List any relevant experience, education, training, certification, etc. that would aid you as a volunteer.

Ex: First Aid/CPR., Food Handlers, etc.

4. Why do you want to become a volunteer for the Ohio County Family Resource Network? Do you need to volunteer as a requirement for something? If so, how many hours do you need and when do you have to have them completed by?

SECTION 5: DISCLOSURE

All volunteers must complete this form and have a current Criminal Background Check prior to acceptance as a volunteer. Any falsification, omission, deliberate misrepresentation or failure to complete any part of this form is grounds for rejection as a volunteer. Ohio County Family Resource Network, Inc. reserves the right to reject any applicant for any legitimate, nondiscriminatory reason. Decisions about volunteer approval status are made on a case-by-case basis. However, any history of crimes against children or domestic violence or substantiated child maltreatment will result in rejection of application.

1. Have you ever been convicted of a crime? You must include any and all past or current criminal convictions.

No Yes

If “yes,” please identify the crime(s), provide the date(s) of the conviction(s), the name of the court(s), (e.g., Ohio County Circuit Court) and the sentence(s) imposed.

2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation of a child in any legal proceeding?

No Yes

If “yes”, please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s) and the penalty(ies) imposed.

3. Do you currently have any criminal charges pending against you? Are you presently under investigation for possible criminal charges?

No Yes

If “yes,” please provide pertinent details to enable Ohio County Family Resource Network, Inc. to evaluate, including the charge(s), date(s), jurisdiction(s) and status.

4. Other than any matter listed above, are there any facts or circumstances involving you and your background that would call into question the Ohio County Family Resource Network, Inc. entrusting you with the supervision, guidance and care of its clients?

No Yes

If “yes,” please explain.

5. Have you had a substantiated child maltreatment case by child protective services in any state?

No Yes

If "yes," please explain.

SECTION 6: CONSENT

By initialing each of the following and signing below:

_____ I understand and authorize Ohio County Family Resource Network, Inc. to take and use photographs, audio, video of me for the purpose of publicizing activities.

_____ I grant permission to Ohio County Family Resource Network, Inc. staff to administer first aid to me.

_____ I understand that I am responsible for reading and following the information contained in the Ohio County Family Resource Network, Inc. Volunteer Handbook.

_____ I understand that any falsification, omission, deliberate misrepresentation or failure to complete any part of this form is grounds for rejection as a volunteer.

Volunteer Name (Please Print)

Volunteer Signature

Date

FOR INTERNAL USE ONLY:

____ Application reviewed by Executive Director on _____ Accepted/Denied

____ Completed criminal background check

____ Completed mandated reporter training

____ Signed volunteer handbook acknowledging policies and procedures