

OHIO COUNTY FRN YOUTH VOLUNTEER APPLICATION

Thank you for your interest and willingness to volunteer with the Ohio County Family Resource Network, Inc. You **MUST** complete this application, all required training, and be **APPROVED** by the Executive Director **BEFORE** you can begin any volunteer assignment.

| |
|---|
| SECTION 1: YOUTH VOLUNTEER INFORMATION |
| First Name: _____ M.I.: _____ Last Name: _____ |
| Date of Birth: ___/___/___ Name Prefers to be called: _____ Gender: _____ |
| Age: ___ Current Grade (If summer, Grade Entering): _____ School: _____ |
| Physical Address: _____ City: _____ State: ___ Zip Code: _____ |
| Phone: _____ Email address: _____ |

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

| |
|---|
| SECTION 3: LEGAL PARENT/GUARDIAN(S) INFORMATION |
| <u>LEGAL PARENT/GUARDIAN #1</u> |
| Relationship to Child: _____ First Name: _____ Last Name: _____ |
| Physical Address: _____ City: _____ State: ___ Zip Code: _____ |
| Phone: _____ Email address: _____ |
| <u>LEGAL PARENT/GUARDIAN #2</u> |
| Relationship to Child: _____ First Name: _____ Last Name: _____ |
| Physical Address: _____ City: _____ State: ___ Zip Code: _____ |
| 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? *Please check all that apply.*

- After School Program (must be 16 or over)
- Family/Community Events
- Child care for Groups, Classes, and/or Events
- Fundraising Events
- Food Pantry/ Blessings Boxes
- Office/Admin Help
- Other:

2. When are you available to volunteer? Underneath each day, circle or highlight 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: BACKGROUND QUESTIONNAIRE

Our utmost priority is the protection of all children and we hold ourselves to the highest standards of conduct. All volunteers must complete this form 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 violent behavior will result in rejection of application.

1. Have you ever had findings made against you for any violence, including: domestic violence, stalking, sexual harassment/assault/battery?

No Yes

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

2. 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.

3. 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.

SECTION 6: YOUTH VOLUNTEER CONSENT

By initialing each of the following and signing below:

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

Youth Volunteer Name (Please Print)

Youth Volunteer Signature

Date

SECTION 7: PARENT/GUARDIAN CONSENT

By initialing each of the following and signing below:

_____ I authorize Ohio County Family Resource Network, Inc. to take and use photographs, audio, video of my child for the purpose of publicizing after school program activities.

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

_____ I grant permission to Ohio County Family Resource Network, Inc. staff to contact my child's school to verify the information listed in this application.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

FOR INTERNAL USE ONLY:

____ Application reviewed by Executive Director on _____ Accepted/Denied

____ Completed mandated reporter training

____ Signed volunteer handbook acknowledging policies and procedures