



Open Door Art Studio

Application for Volunteers

Name: _____ **Application Date:** / /

Date of Birth (volunteers must be at least 13 years old): / / **Social Security #:** _____

Address: _____

Street Address _____ Apt. # _____

City _____ State _____ ZIP Code _____

Home Phone: () _____ **Cell Phone:** () _____

Email Address: _____

I am currently in school: Yes No **Name of School:** _____

Which category do you fall under (check one):

- | | | |
|--|---|--|
| <input type="checkbox"/> Teacher/Professor | <input type="checkbox"/> Middle/High School Student | <input type="checkbox"/> Internship/Externship |
| <input type="checkbox"/> Student Teacher | <input type="checkbox"/> College Student | <input type="checkbox"/> Parent Volunteer |
| <input type="checkbox"/> Teen Teacher | <input type="checkbox"/> OWE Student | <input type="checkbox"/> Other: _____ |

Previous Work and/or Volunteer Experience:

<u>Location</u>	<u>Title/Responsibilities</u>	<u>Phone #</u>	<u>Dates Employed/ Volunteered</u>

Special Interests/Hobbies:

- | | | |
|---|---|--|
| <input type="checkbox"/> Music/Musical Instrument | <input type="checkbox"/> Education | <input type="checkbox"/> Games/Video Games |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Religion/Bible Study | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Gardening | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Cooking | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Other: _____ |

Tell us about any other special training, education, or talents you have: _____

When are you available to volunteer?:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

I prefer to volunteer in the: Morning Afternoon Evening No preference

References: *Please provide the names of two people who are not related to you:*

Reference 1: _____ Contact #: _____ Relationship: _____

Reference 2: _____ Contact #: _____ Relationship: _____

School Group Advisor *(if applicable):*

Name: _____ Contact #: _____

Authorization for Release of Information:

I hereby authorize Columbus Center for Human Services, Inc. to obtain any and all records that will assist in ensuring that I meet the qualifications to volunteer with individuals with mental retardation and developmental disabilities. I also authorize my references and any institution to provide such information to Columbus Center for Human Services pertaining to my suitability for volunteer services. These records may include but are not limited to Ohio Bureau of Criminal Investigation records, Sex Offender Registries, the ODMRDD Abuse Registry, the Bureau of Motor Vehicles driving record abstract (if the volunteer will be driving a company vehicle for any reason), and the complete investigation of my references as listed above.

I also release from liability Columbus Center for Human Services, Inc. and the above mentioned references and institutions for any information provided above that could result in an adverse decision regarding my suitability for volunteer service.

Volunteer Signature **Date**

Parent/Guardian Signature (IF UNDER 18) **Date**

VOLUNTEER PARENTAL PERMISSION WAIVER

As parent/legal guardian of this minor child, I give this minor child permission to serve as a volunteer with Columbus Center for Human Services, Inc. This permission includes volunteer positions within a facility or in the community as well as transportation to and from activities as necessary.

In consideration of my minor child's willingness to serve as a volunteer for Columbus Center for Human Services, Inc., I understand that Columbus Center for Human Services, Inc. will not assume responsibility for any liability arising from my minor child's willful neglect or intentional wrongful acts. I agree to release, reimburse, and hold harmless Columbus Center for Human Services, Inc. consumers, residents, and their families, staff members, or any other volunteers from any liabilities, claims, or injuries arising out of my child's wrongful acts or negligence.

Parent Guardian Signature **Date**