Miami County Board of Developmental Disabilities

Volunteer Application

Thank you for your interest in becoming a Volunteer!

Please complete this form and return to us at volunteer@miamicountydd.org or mail to the address below.
We will follow up with you to discuss areas of interest, availability and any necessary background check procedures.

Contact Information:

First Name: _____ Last Name: _____ Birth Date: _____

Address: _____ City/ZIP _____ T-shirt size: _____

Email: _____ Phone: _____ ☐ Cell ☐ Home

Emergency Contact: _____ Relationship: _____ Phone: _____

About You – If a returning volunteer, you are not required to complete this section**:**

Past volunteer experience: _____

_____

What is your availability? _____

Which of the following activities or tasks interest you? Please select all that apply.

- ☐ Clerical
- ☐ Community Buddy
- ☐ Community Connections Activities
- ☐ Event Assistant (set/clean up, serving food, etc.)
- ☐ Special Olympics programs
- ☐ Tutor/Instructor

Education – If you are a student fulfilling a course/graduation requirement, please complete this section:

School: _____ Year: _____

Course Title and Number (if applicable): _____

Background Checks

If over 18 years old: For BCI or FBI background check, Rapback and ARCS registries, and/or Driver's Abstract (if necessary) Please provide a color copy or scan of your Driver's license ☐ and Social Security card ☐

Can you provide proof of automobile insurance? ☐ Yes ☐ No If no, please explain: _____

If you have lived in a state other than Ohio in the last 5 years, which state(s)? _____

(Continued on back)

Liability Release

My signature constitutes my responses are true and that I understand and am in agreement with the policies and procedures of the Miami County Board of Developmental Disabilities (MCBDD). I agree to assume all risks associated with volunteering at the agency and agree to the following:

> I, the undersigned, hereby indemnify and hold harmless the Miami County Board of Developmental Disabilities and the Miami County Commissioners, their employees, agents, representatives and other volunteers from any and all claims, actions, suits, proceedings, costs, expenses, damages and liabilities including attorney fees, debts or demands of any kind and nature whatsoever, arising out of or connected with my participation in any activities during the time at which I volunteer.

The terms herein shall serve as a release and assumption of the risk for my heirs, estate, executor, administrator, assignee and for all members of my family.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature (if under age 18): _____ Date: _____

Volunteer Confidentiality Agreement

As a volunteer of the Miami County Board of Developmental Disabilities (MCBDD), I will be exposed to confidential information and understand that the only appropriate place to share specific information is with MCBDD staff.

I recognize an individual's name and/or any information about him/her and his/her family is also confidential. Therefore, I will not reveal any information that could lead to the identification of the enrollee or family. I understand I may not discuss an individual's personal information with my significant other, friends, family, volunteers or as part of a research request. I understand a breach of confidentiality may be sufficient reason for my termination as a volunteer.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature (if under age 18): _____ Date: _____

Background Check Authorization (if over age of 18)

After this application is reviewed, we will contact you to complete the Background Check portion of our Volunteer On-boarding Process. Volunteer Candidates over the age of 18 must sign an Attestation Form and pass formal BCI and FBI background checks prior to volunteering.