



OHIO VETERANS HOME YOUTH VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name _____ Social Security Number _____
Last First Middle

Address _____ Telephone _____
Street City State Zip

Parent(s) Name(s) _____ Telephone _____

Emergency Contact _____ Telephone _____ Relationship _____
(If different from parent)

Have you ever served as a volunteer before? _____ If yes, when and where? _____

Do you have any physical/psychological limitations? _____ If yes, explain _____

Have you ever been convicted of a felony? _____ Date Of Birth _____ / _____ / _____

EDUCATIONAL INFORMATION

School Attending _____ Current Academic Year _____

Counselor's/Principal's Name _____ Extracurricular Activities _____

SERVICE INFORMATION (Please circle all that apply)

Preferred Day: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Preferred Time: Morning Afternoon Early Evening

I plan to serve for: 3 Months 6 Months 9 Months Indefinitely

VOLUNTEER CONFIDENTIALITY AGREEMENT

I certify that I have read and received a copy of The Patients' Bill of Rights. I understand that all information told to me or overheard is confidential and that I am forbidden to discuss this information with any person. I have been made fully aware that a breach of confidentiality could expose me to the risk of a legal action by the patient and could mean my immediate dismissal as a volunteer.

Volunteer Signature _____ Date _____

PARENTAL RELEASE

I, the parent/guardian of this student, grant my permission for him/her to volunteer at the Ohio Veterans Home. I understand that he/she is making a minimum 3 month commitment to volunteer service. I will see that he/she arrives on time when scheduled. I also understand that there is to be sufficient notification to the Volunteer Coordinator if the volunteer must be absent, and that frequent absences and/or failure to follow policies and procedures may lead to dismissal.

Parent/Guardian Signature _____ Date _____

VOLUNTEER AGREEMENT

I certify that the answers given here are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for volunteer services as may be necessary in arriving at a placement decision. I fully realize that my volunteer service in no way commits Ohio Veterans Home to future employment. I also certify that I have been given a copy of all policies and procedures and have had these fully explained to me.

Volunteer Signature _____ Date _____