



The Arc of Medina County

SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC. / THE ARC OF MEDINA COUNTY

4283 Paradise Road ♦ Seville, OH 44273

877.546.8568 or 330.722.1900 ♦ Fax: 330.723.6695 ♦ www.shc-medina.org

**VOLUNTEER APPLICATION**

**REQUIRED INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ E-mail \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No

Have your ever been convicted of a felony or misdemeanor? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain \_\_\_\_\_

Have you been a resident of the State of Ohio for 5 years or more? \_\_\_\_ Yes \_\_\_\_ No

Person to notify in case of emergency \_\_\_\_\_

Address \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

**Please indicate the area(s) you would like to volunteer:**

**ACTIVITIES: Background Check Required for all "Activity" categories**  Camp Paradise  Special Olympics

Residents \_\_\_\_\_ (name of individual and facility)

**LANDSCAPING:**  Plant/upkeep flower beds  Rake leaves  Cut grass  Trim shrubs

**OFFICE:**  Resource Center  Assemble Newsletter  SHC Office

**PEOPLE TOGETHER PROGRAM:**  Speaker

**RESTRICTED FUND RAISING:**  Special Events

Check days available:  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Please specify times: \_\_\_\_\_

**Confidentiality Agreement**

**I understand and agree that all information received or read concerning residents and/or other areas of the Society for Handicapped Citizens of Medina County, Inc. is of a confidential nature and shall not be used for any other purpose beyond the workplace.**

**Signature of Volunteer** \_\_\_\_\_ **Date** \_\_\_\_\_

