



YOUTH VOLUNTEER APPLICATION – UNDER 18 YEARS OLD

REQUIRED INFORMATION

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home _____ Work _____ E-mail _____

Are you under 18 years of age? ____ Yes ____ No

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 _____

PARENT OR GUARDIAN MUST COMPLETE THIS SECTION

- I give permission for _____ to participate in the Society for Handicapped Citizens of Medina County, Inc. (SHC) volunteer program.
- I understand that persons under the age of eighteen are not permitted to transport any clients in a vehicle under any circumstances. I give permission for _____ to be transported in SHC vehicles for any planned activity or outing.

Signature of parent or guardian

Date

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

ACTIVITIES: Camp Paradise Special Olympics (**Background Check Required**)
 Job Shadowing _____ (**Position**)

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

