

PASSION WORKS STUDIO VOLUNTEER APPLICATION

INSTRUCTIONS FOR COMPLETING YOUR APPLICATION TO VOLUNTEER WITH PASSION WORKS STUDIO:

- Please read carefully. Print this application and complete by hand.
- Please write legibly! Your signature is required in several places.
- Included is a local police check to make sure of our volunteers are safe and responsible individuals.
- Don't ask someone to sign the "witness" lines; we will sign that once you have submitted this application.
- PLEASE DO NOT DOUBLE SIDE THESE FORMS! Some of these forms will be sent out of the office and cannot be attached to forms that are to stay at Passion Works! THANK YOU!

Please note: Anyone volunteering with Passion Works, MUST submit an application prior to beginning to volunteer.

VOLUNTEER APPLICATION

Name: _____ Date: _____
Address: _____ Phone: _____
_____ E-Mail: _____
Date of Birth: _____ SSN: _____
Contact in case of emergency: _____ Phone: _____
Volunteer Experience: _____

Below is a short list of volunteer activities at Passion Works, please check any and all that interest you:

- General cleaning tasks (vacuum, clean windows, dust and straighten shelves, etc.)
- Production of Passion Works merchandise (paint stamens for Passion Works flowers, cut inserts for tiles, trace flower petals, etc.)
- Supplies maintenance and stocking (clean paint brushes, test for working markers, sharpen pencils, etc.)
- Assist Passion Works artists (bring them supplies, help finish pieces, encourage development of artwork)
- General office tasks (fold brochures, shred paper, make copies, etc)
- Computer related tasks (become a "fan" of Passion Works on facebook, invite friends to become a "fan" data entry- signing people up for the newsletter, etc.)
- Volunteer at special events
- Other: _____

Please give two (2) personal/professional references not related to you:

1. _____
Name Address Phone

2. _____
Name Address Phone

When are you available to volunteer?

Day and Time: Mon. _____ Tues. _____ Wed. _____
Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Which category of volunteer do you fall under?

____ Internship ____ Court-Ordered Community Service ____ Other:
____ Field Experience ____ Community Member _____
____ College Volunteer ____ Parent Volunteer _____

I certify that I have given my permission for Atco, Inc., Passion Works Studio and the Athens County Board of DD to seek a copy of my arrest/conviction and motor vehicle record. I understand that the information will be held in the strictest confidence and that I can revoke this consent at any time by written request.

I hereby release Passion Works Studio, Atco, Inc. and the Athens County Board of DD from any and all liability from the gathering of this information.

Signature

Date

PASSION WORKS APPLICATION AND ORIENTATION VERIFICATION

I, _____, have read, understand and will comply with all guidelines set forth from the online Volunteer Information Packet and during my Orientation Meeting. By initializing each item below, I verify that:

- I am 18 years of age or older.
- I have not been charged/or convicted of a felony.
- I understand the history and purpose of Passion Works Studio.
- I understand the responsibilities I will be undertaking as a volunteer.
- I must sign-in and sign-out each day I volunteer.
- I am responsible for maintaining a separate record of my volunteer hours to meet academic or judiciary requirements. I am responsible for asking staff to verify these hours with their initials each day that I volunteer.
- I have completed an orientation for volunteering at Passion Works Studio.
- I will be volunteering according to the schedule in the volunteer notebook.
- My volunteer experience will be supervised by _____
- My orientation was completed Date: _____ Time: _____

____ Volunteer Signature _____

____ Passion Works Representative Signature _____

For office use:

The following documents have been received:

- Application
- BCI
- Driving Abstract
- Liability Agreement
- Confidentiality Agreement
- Volunteer/Agency Contact

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and request the Police Department of the City of Athens, Ohio, or the Athens County Sheriff's Department to release from its records, to the individual or agency designated below, any and all information concerning me, including, but not limited to my arrest record. I further release the City of Athens, Ohio, the Athens City Police Department, the Athens County Sheriff's Department, the County of Athens, and Athens County Board of Developmental Disabilities, Atco, Inc. and Passion Works Studio, and their employees and agents from any and all liability whatsoever arising out of their release of such information.

I understand that this information will only be used to verify my suitability for volunteer services and all information gathered will be handled in the strictest confidence.

PLEASE PRINT:

Name (last, first, middle, & maiden)

Signature/Date

Witness Signature

Date of Birth

Social Security Number

Agency Requesting Information:
Athens County Board of DD &
Atco, Inc. dba Passion Works Studio
20 E. State Street
Athens, Ohio 45701

LIABILITY AGREEMENT

As a volunteer for Atco, Inc., Passion Works Studio and/or the Athens County Board of Developmental Disabilities (ACBDD), I agree to abide by the following liability policies and rules:

1. If I am granted permission to drive an ACBDD vehicle by a Program Director in order to transport a consumer, I would be covered under the ACBDD's insurance.
2. In the event of negligence on my part, which results in harm to a consumer, the consumer would be covered under the ACBDD's insurance.
3. I will not be covered for any injuries as a result with my interactions with a consumer. If I am injured, I must rely on my own health/medical insurance.

Signature

Date

Witness

Date

CONFIDENTIALITY AGREEMENT

To comply with federal and state standards using Public Law 94-142 and House Bill 455 as a guide, I understand that all personal information regarding individuals with DD shared with me shall be considered privileged and strictly confidential.

Each volunteer shall respect the confidential nature of the information he/she acquires regarding students, adults, and/or their families. Under no circumstances should this information be discussed except within the professional context of job responsibilities.

A breach in confidentiality by any volunteer shall be considered a violation of Ohio Revised Code 5123:83, Public Law 94-142, and House Bill 455.

Signature

Date

Witness

Date

CONTRACT

In consideration for the Atco, Inc., Passion Works Studio and the Athens County Board of Developmental Disabilities permitting me to be a volunteer, I, _____, understand and agree to abide by and be responsible for the following:

1. To become familiar and observe Atco, Inc., Passion Works Studio's policies and procedures.
2. To be reliable in reporting for work, to notify Atco, Inc./Passion Works Studio Coordinator in advance of any absence or tardiness, and to provide Passion Works Studio with an accurate record of hours volunteered by using the sign in/sign out logs.
3. To respect the rights of people with disabilities at all times.
4. To protect the privacy of consumers and to keep confidential any information which becomes available to me.
5. To notify Passion Works Studio Coordinator of any concerns that I may have with any volunteer position.
6. To notify Passion Works Studio Coordinator of any intention to terminate my volunteer experience with at least a two weeks' notice.

Passion Works Studio staff is responsible for the following:

7. To provide a general orientation to the program and specific training for the position for which you are placed.
8. To provide a volunteer position and responsibilities which are suited to your interest and ability.
9. To provide direct supervision and periodic feedback/evaluation by Passion Works Studio staff.
10. To notify you when there is any status change in the volunteer position that you serve.
11. To respond to your concerns whenever they are expressed.
12. To document and recognize your contributions to our program and to provide references when requested.

I give Atco, Inc/Passion Works Studio and the Athens County Board of DD permission to use slides or photographs of me for educational and publicity purposes, including illustrations, publications, and news media.

Signature

Date

Witness

Date