



C U Y A H O G A C O U N T Y
Board of Developmental Disabilities

1275 Lakeside Avenue East • Cleveland, Ohio 44114-1132
(216) 241-8230 • Fax (216) 861-0253 • www.cuyahogaBDD.org
Accredited by CARF CCBDD is an equal opportunity employer and service provider.

VOLUNTEER APPLICATION

Lighthouse Summer Camp - Application deadline is May 14 – return all forms to address listed above

Name: _____
Last First M.I.

Home Phone: _____ Cell Phone: _____

Address: _____

City / State Zip S.S. # ____/____/____

Email Address: _____

WORK AND/OR VOLUNTEER EXPERIENCE

Position/Experience: _____

From _____ To _____ Supervisor: _____

Organization Phone Number

Street City/State Zip

Position/Experience: _____

From _____ To _____ Supervisor: _____

Organization Phone Number

Street City/State Zip

EDUCATION

Formal Education (Highest grade completed):

Grade: 7 8 9 10 11 12

College: 1 2 3 4

Post Graduate or Technical Schooling: _____

Name of School Phone No. Graduated Major

School Address City/State Zip

Other types of education or skills you could share with others: _____



CONFIDENTIAL REFERENCE FORM

(Print name of applicant here) _____ is an applicant for a volunteer position with the Cuyahoga County Board of Developmental Disabilities. Volunteering with the CCBDD can involve either working directly with children or adults with developmental disabilities or assisting with office support tasks. We appreciate your candid responses which will be kept confidential. Please rate the applicant in the following areas by circling the appropriate number.

Length of time you have known this applicant: _____

Capacity in which you know the applicant: _____

	<u>Poor</u>			<u>Average</u>		<u>Excellent</u>
	1	2		3	4	5
Dependability/reliability	1	2		3	4	5
Emotional maturity	1	2		3	4	5
Common sense	1	2		3	4	5
Pleasant, self-assured personality	1	2		3	4	5
Physical and mental stamina	1	2		3	4	5
Adaptability to many situations	1	2		3	4	5

Your general appraisal of the applicant:

I would recommend this applicant for the CCBDD Volunteer Program:

- with enthusiasm with reservation (please explain below)
- do not recommend (please explain below)

Additional comments: _____

Date: _____ Phone number: _____ (may we contact you if necessary?)

Print name: _____ Signature: _____

Please return this form to the applicant. For complete confidentiality, you may return the form directly to CCBDD, 1275 Lakeside Ave., Cleveland, OH 44114 . Feel free to call Sue Duffy, Volunteer Coordinator at (216) 736-2722 if you have any questions. Thank you so much for your assistance in this process.

Application deadline – May 14, 2010



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Minor Volunteer Permission Form

I, _____, hereby grant permission for my child,
(Name)

_____, who is a minor, to participate as a
(Name)

volunteer in activities sponsored by the Cuyahoga County Board of Developmental Disabilities. I understand that although the Cuyahoga County Board of Developmental Disabilities will provide proper supervision for these activities, there may be a minor risk of injury for any activities in which my child participates. This permission form shall be valid for one year after the date signed or to the volunteer's eighteenth birthday, whichever occurs first. I have also reviewed the attached CCBDD Volunteer Agreement and Hazards Statement, and may contact the CCBDD volunteer coordinator if I have any questions or concerns.

Parent's Signature

Volunteer's Signature

Parent's Name – Printed

Current Age

Birthdate

Parent's Address

Volunteer's Address

City State Zip

City State Zip

Date Signed

Date Signed

Name of Emergency Contact

Phone number for Emergency Contact

Parents are welcome to visit volunteer sites by appointment. Please call the CCBDD volunteer coordinator at (216) 736-2722 for arrangements.

Volunteer Agreement

As a CCBDD Volunteer, I agree to:

- Respect and observe the enrollees rights at all times;
- Keep confidential all matters which are confidential;
- Familiarize myself with the policies of the CCBDD;
- Accept training and supervision from assigned staff;
- Perform my assignment in a professional manner without compensation;
- Notify my volunteer supervisor or the CCBDD volunteer coordinator of any problems, suggestions and/or concerns related to my assignment.

Volunteer's Signature

Date

The Cuyahoga County Board of Developmental Disabilities agrees to:

- Provide a job description summarizing the duties of the assignment and train as necessary;
- Provide orientation to the agency;
- Provide references when requested;
- Evaluate and discuss with the volunteer his/her job performance;
- Provide recognition for services performed;
- Provide adequate space, equipment, and safe and healthful working conditions to the volunteer.

Camp Director's Signature

(to be obtained by the Volunteer Coordinator)

Date

Hazards Statement

Providing services to children and adults with mental retardation and other developmental disabilities can be both challenging and rewarding. As a volunteer for the Cuyahoga County Board of Developmental Disabilities you should be aware, however, that some positions may involve various safety/hazard issues. Please note the following, which may or may not apply to your specific volunteer position:

- Consumers who exhibit aggressive and/or unpredictable behavior: The CCBDD has a philosophy printed for handling situations that involve inappropriate consumer behavior. Only trained staff may use verbal and physical crisis intervention and behavior management techniques. If you have a question or problem or you are unsure about how to handle a particular situation, you should speak to your supervisor immediately.
- Lifting consumers: Older children and adult consumers may equal or surpass a volunteer's body weight and may be difficult to lift. Volunteers should be trained in proper lifting procedures before being assigned to work with consumers who must be lifted.
- Communicable and infectious diseases: The Board requires you to wear gloves any time you may come in contact with a consumer's blood and/or bodily fluid, e.g., when changing diapers, toileting, or handling a consumer who drools excessively. A vaccine for Hepatitis B is available at no cost to the volunteer.

The CCBDD is concerned with the health and safety of all consumers, staff and volunteers and takes every feasible precaution to ensure a safe and healthful work environment. It is the responsibility of both the volunteer and his/her supervisor to create an atmosphere of awareness and discussion/education surrounding any safety and health issues that may be encountered in the volunteer relationship.

I understand that as a CCBDD volunteer working under the direction of one of our staff, I am covered by an organizational liability insurance policy which protects both the volunteer and the organization.

Volunteer's Signature

Date

Camp Director's Signature

(to be obtained by the Volunteer Coordinator)

Date