



VOLUNTEER APPLICATION

Village in the Ville is a grassroots, member-based, community organization created for neighbors, by neighbors. Villages empower older adults, age 50+, to age in community by providing services, engagement, and connection.

We serve the neighborhoods of Clintonville, Beechwood, and the University District (north of 11th Ave).

Volunteer Information:

Name:	Date of Birth: / /
Phone Number:	
Email:	
Street Address:	
City:	Zip Code:
Preferred method(s) of contact (please circle): Email Phone Text Mail	

Is it okay to send email announcements about Village in the Ville activities to this address:
YES NO

If you are a student:

Name of School:
Field of Study:

Emergency Contact:

Full Name:	Relationship:
Phone Number:	
City/State of Residence:	

Volunteer Opportunities

Village in the Ville aims to provide services and resources to fit members' current and future needs. If you have a special skill or resource you'd like to provide, please specify below.

Please check all opportunities of interest

	Home Services
	Handy Services (change light bulbs, paint touch up, move furniture, hang pictures, etc)
	Companionship - Friendly visits or calls
	Gardening / Yard Care / Lawn Mowing
	Snow Removal
	Organizing (paperwork, clothing, storage, etc)
	Home Maintenance and Repair
	Technology (Computer, Smart Phone) Assistance
	Pet Care (dog walking, care for pets when member is unable to do so)
	Transportation
	Medical Transportation Assistance (drive to Dr. appointments, pick-up prescriptions)
	Grocery/Meal Delivery/Help with Errands
	Social Outing / Event Transportation
	Village in the Ville Administrative & Program Support
	Office Support / Record Keeping
	Communication Assistance (Village newsletter, mailings, social media, publicity)
	Advisory Board Member / Committee Member
	Event Planning & Coordination / Day- of Event Support
	Community Outreach / Member & Volunteer Recruitment
	Speaker or Educator at Event
	Other Skills/Interests/Resources (Please Specify):

Previous Experience:

Please list any relevant work and volunteer experience:

Organization	Dates of Service/Work	Experience

References (Please list someone not related to you):

Reference 1 Name:	Phone Number:
Email:	
Reference 2 Name:	Phone Number:
Email:	

Availability

Please list the hours that you are available for each day.

Monday:	Tuesday:	Wednesday:
Thursday:	Friday:	Saturday:
Sunday:	Notes:	

By signing this application, I verify that the information provided is true, correct, and complete. I hereby give my consent to The Clintonville-Beechwald Community Resources Center (CRC) to verify this information, including contacting references, and unconditionally release CRC from all liability which might result from furnishing same. I understand that my acceptance as a volunteer is on a conditional basis, and that CRC reserves the right to terminate the service of any volunteer whose conduct and preference in any way reflects negatively upon the agency.

Applicant Signature

Date

I grant full permission to the sponsors, organizers, and affiliates to use my name or my child’s name, photographs, or any other record of participation in this volunteer service event for use in any broadcast, telecast, or any other written account of the event for publicity purposes, without compensation or remuneration. Circle one: YES NO

If applicant is under 18: I give my permission for my child to participate as a volunteer with CRC. I understand that CRC staff are not responsible for the care of supervision of my child and I will not hold CRC responsible if my child leaves the premises.

Parent/Guardian Signature

Date

THIS FORM IS NOT FOR IDENTIFICATION PURPOSES

I give _____ permission to seek a copy of my arrest record from the Franklin County Sheriff's Office. I do hereby release the Franklin County Sheriff's Office and all Individuals connected therewith from all liability.

DATE _____, 20 _____ SIGNATURE _____

NAME _____
(PRINT NAME IN FULL)

ALIAS NAMES _____
(MARRIED OR OTHER NAMES USED)

DATE OF BIRTH _____ SEX _____ RACE _____

SOCIAL SECURITY NUMBER _____

AGENCY REQUESTING RECORD _____

SIGNATURE OF AGENT MAKING REQUEST _____

This is a copy of the arrest record on file from 1987 to the present at the Franklin County Sheriff's Office on the above named subject. It is checked by name only, not by fingerprints, and is not verified as to the true identity of the subject in question.

DATE	CHARGE

DISPOSITIONS
Municipal Court
375 S. High St. 614-645-8186
www.femcclerk.com

Common Pleas Court
345 S. High St. 614-525-3650
www.franklincountyoohio.gov/clerk

BY _____
FRANKLIN COUNTY RECORDS TECH
370 S Front St Columbus, Ohio 43215
614-525-3364

DATE _____

SHR-RE-40-4/2009

Volunteer Statement of Confidentiality



During the time you spend at the CRC or any of its programs or events you may see someone you know who lives in your neighborhood or attends your school, church, or place of employment. It is very important that you respect that person's privacy and legal rights to keep their information private. Even telling someone that you saw your neighbor, colleague, etc. at the CRC is breaking the law.

There are in effect federal and state regulations, legal precedents and social work codes of ethics that prohibit disclosure of any information obtained from a client in confidence, including the client's presence and/or status of receiving services without the client's written consent, except when disclosure is necessary to prevent serious, foreseeable and imminent harm to the client or another identifiable person. In other words, as a CRC volunteer you are required to maintain confidentiality unless you believe a client may harm him/herself, harm another identifiable person, or a child is being harmed. In these cases, you are a mandated reporter and as such have an obligation to report the situation to the supervisory staff person on duty.

These regulations and ethical codes were designed to ensure the privacy of any individual seeking services. It is not appropriate to talk about who is receiving benefits, share information or photos in any way including on the internet and social media. Confidentiality includes the client's presence and/or status of receiving services. Confidentiality includes the safeguarding of client records. Volunteers and staff are responsible for the confidential handling of all information that we receive from our clients. Volunteers and staff are responsible to ensure that records are secured in a locked environment at all times. Any volunteer or staff person who violates these regulations may be held legally responsible.

I signify that I have read and am willing to comply with the above statement.

Signature

____/____/____
Date