FOR OFFICE USE ONLY-

CHEDITIE :				311	CITION:		
SCHEDULE : ORIENTATION: BCII/ABUSER REG.:		POSITION:SUPERVISOR:					
			301	FLITVISON.			
				rd of Developmental APPLICATION FORM	Disabilities		
rhanda a fan de		DI.					
	our interest in serving will be confidential.	g as a volunteer. Ple	ase complete	e this volunteer applic	ation form in	its entirety. The info	rmation you give
ліз арріісаціон (wiii be comidential.						
ECTION I							
Name:			Social Secu	urity #:		Date:	
Address:			Jocial Jecc	лису т	Apt:	Date	
City:			State:		Zip		
elephone (hom	e):	(Work):		E-mail:	Bir	th date:	
SECTION II							
	er Position Desired: _						
imes available t	to volunteer: (Please	indicate times i.e., 9	am-11 am fo	or each day you may b	e available).		
	Sun	Mon	Tues	\A/ad	Thurs	r.u	C-4
Morning	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Willing					4 2 2		
Afternoon							
	I have been a				10000		
Evening						116	
Available :	□Summer	□Fall		□Winter	□Spri	ng	
Special Interests	, Skills, Hobbies:						
CCTION III							
SECTION III Applicant curren	their or bor						
	of a traffic violation	? Y N	*Poon con	victed of a felony?		Y N	
Been litigant in		YN			d impact	T IN	
			*Physical conditions which would impact on volunteer position?		u IIIpact	Y N	
*Mental conditions which would impact a volunteer position? Y N				n an	1 14		
a volunteer position:		*Taking medications (relevant to an emergency situation)?		, uii	Y N		
Give explanation	ns for all YES answers		Cilicipelli	o, orcacion;			
	your own transporta		Yes	No			
SECTION IV							
	g course requiremer						
Name of School:			Year:	Major: r(s):			
Course Number(s):		Instructor	r(s):			
Deadline for pro	ject completion and	number of hours red	quired:				



SECT	NOI	١
Exper	rienc	6

Experience and/or Employment (Particularly in the areas relating to desired volunteer position).

	Employer/Experience	Dates	Description of Work/R	eason for Leaving
		to		
		to		
		to		
Ц				
	ION VI ation (Circle Year Completed): Grade: 7 8	9 10 11 12 College	: 1 2 3 4 Grad Major:	
SECT	ION VII			
	rences:			
1.	Employer, teacher, minister or other profes Name:	Relatio	nship:	
	Address:		Phone:	
	City	State Zip		
2.	Personal reference:			
	Name:			
	Address:		Phone:	
	City	State Zip		
	ION VIII se of an emergency, notify: Name: Address:	Relatio	nship: Phone:(H) (W)	
	City	State	Zip	
Do yo	ou have any comments or questions?			
I cert conta appro of my	ION IX ify that the facts in this application are true and ained herein and contact with the references list opriate information. I understand I may be transor volunteer work. I also understand it is my resputed on this application.	ed above to provide Tuscarawas (sported in Tuscarawas County Bo	County Board of Developmental Di ard of DD-owned vehicles to and fr	sabilities with all om activities in the course
Tusca	arawas County Board of DD May or May No	t use my name and/or photo for o	ommunity relations purposes.	
Signa	ture	Date		
If mir	nor, parent/guardian's signature	Date		

RETURN TO: Kerri Silverthorn, Volunteer Coordinator, Tuscarawas County Board of Developmental Disabilities 610 Commercial Ave SW, New Philadelphia, OH 44663.

You can return in person to Kerri's mailbox at the previously mentioned address or e-mail at ksilverthorn@tuscbdd.org.



Tuscarawas County Board of Developmental Disabilities VOLUNTEER ACKNOWLEDGMENT FORM

This is to acknowledge that the following person desires to volunteer his/her services to Tuscarawas County Board of Developmental Disabilities (TuscBDD) for no compensation.

As a volunteer, I agree to abide by all applicable rules and regulations of TuscBDD and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that TuscBDD may terminate this agreement at any time without prior notice. I consent to TuscBDD conducting an online background check. I also understand that I will not be covered by health insurance or workers' compensation coverage.

volunteer's Signature & Date:					
Volunteer's Printed Name:	Tel. No.:				
Address:	Date of Birth:				
Emergency contact person's name:					
Emergency contact person's phone numbers:					
Effective date of Volunteer Services:	_ End date of Services:				
Supervisor Name:	Supervisor Tel No.:				
Supervisor Signature & Date:					
Brief Description of Activities/Tasks:					
Complete if volunteer is under 18 years of age:					
	, I grant my permission for him/her to participate				
as an unpaid volunteer for Tuscarawas County I	soard of Developmental Disabilities.				
Parent/Guardian Signature & Date:					
Parent/Guardian Printed Name:					



VOLUNTEER RECORD OF EVENT

Tuscarawas County Board of Developmental Disabilities (TuscBDD)

Name of Event:	Date:			
Time of Event:	Site:	ite:		
Supervisor:				
Full Name	Address/City/State/Zip	Phone		



^{**}Return form to Kerri Silverthorn after the event (SSC Office Mailbox or ksilverthorn@tuscbdd.org)**

TUSCARAWAS COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

VOLUNTEER AUTHORIZATION TO RELEASE

I have applied for a volunteer position with the Tuscarawas County Board of Developmental Disabilities (TuscBDD). I hereby authorize you to provide a reference for any past employment/volunteer position. Name Social Security # The person named above has applied for a position with us and has named you as a reference. Your answers to the following will be very helpful to us and greatly appreciated. Volunteering with Tuscarawas County Board of Developmental Disabilities can involve either working directly with children or adults with developmental disabilities or assisting with office support tasks. Please feel free to call me at (330) 339-9683 or ksilverthorn@tuscbdd.org if you have any questions. Thank you very much for your assistance in this process. Sincerely, Kerri Silverthorn TuscBDD Volunteer Coordinator Position Held: Dates of Employment:_____ Attendance:______Tardiness:_____ Attitude Toward Work:_____ Ability To Follow Instructions: Responsiveness to Supervision: Ability to Get Along with Co-workers: Would You Rehire? Yes____ No___ Why?____ Reason for Resignation (if applicable): Your General Appraisal of the Applicant: Is there anything you are aware of concerning this individual's personality, character or past actions which would pose a risk to our consumers or agency? Yes_____ No____. Please explain using back of form.

Signature/Title______ Date:_____



S	STATE OF OHIO :	AFFIDAVIT
C	COUNTY OF TUSCARAWAS:	
	, BEING FIRST	DULY SWORN, DEPOSES AND SAYS:
1.	1. The affiant (referred to in this affidavit as the "applicant	") is applying for the position of VOLUNTEER at
	the Tuscarawas County Board of Developmental Disabi	lities (referred to in this affidavit as the "Board").
2.	2. The applicant understands that the Board is required to a volunteers, including gathering a set of impressions of the sign all forms necessary for the Board (or the Board's de that failure to do so means the Board will not accept the	ne applicant's fingerprints. The applicant agrees to esignee) to receive this information and understands
	(Applicants: Check either 3	or 4 but <u>not</u> both)
3.	3 The applicant states the he/she <u>has</u> been a resident of Ohi application. The applicant agrees to provide proof acce of Ohio for the five (5) year period preceding this applicant applicant agrees.	ptable to the Board that he/she has been a resident
4.	4 The applicant states that he/she <u>has not</u> been a resident of application.	f Ohio for the five (5) year period preceding this
	(Applicants: Check either 5	or 6 but <u>not</u> both)
5.	5 The applicant states that he/she <u>has not</u> been convicted or reverse of this affidavit.	f or plead guilty to any of the offenses listed on the
6.	6. The applicant states the he/she <u>has</u> been convicted or plear reverse of this affidavit. For each offense for which the applicant states:	
a.	a. The original charge was	
b.	b. The conviction was for	
c.	c. The date of the conviction was	
d.	d. The sentence was	
e.	e. The date of the completion of all terms of the sentence was	
f.	f. The circumstances of the crime were as follows:	



HOMICIDE SEX OFFENSES R.C. 2903.01 - Aggravated Murder R.C. 2907.31 - Disseminating matter harmful to juveniles R.C. 2903.02 - Murder R.C. 2907.32 - Pandering Obscenity R.C. 2903.03 - Voluntary Manslaughter R.C. 2907.321-Pandering Obscenity involving a minor R.C. 2903.04 - Involuntary Manslaughter R.C. 2907.322-Pandering sexually oriented matter involving a minor ASSAULT R.C. 2907.323-Illegal use of minor in nudity-oriented material or performance R.C. 2903.11 - Felonious Assault R.C. 2903.12 - Aggravated Assault **ROBBERY & BURGLARY** R.C. 2903 13 - Assault R.C. 2911.01 - Aggravated Robbery R.C. 2903.16 - Failing to provide for a functionally impaired R.C. 2911.02 - Robbery R.C. 2911.11 - Aggravated Burglary R.C. 2911.12 - Burglary MENACING R.C. 2903.21 - Aggravated Menacing **OFFENSES AGAINST FAMILY** R.C. 2919.12 - Unlawful Abortion PATIENT ABUSE AND NEGLECT R.C. 2919.22 - Endangering Children R.C. 2903.34 - Patient Abuse; Neglect R.C. 2919.24 - Contributing to unruliness or delinquency of a child R.C. 2903.341 - Patient Endangerment R.C. 2919.25 - Domestic Violence KIDNAPING AND RELATED OFFENSES WEAPONS CONTROL R.C. 2905.01 - Kidnapping R.C. 2923.12 - Carrying Concealed Weapon R.C. 2923.13. - Having Weapons While Under Disability R.C. 2905.02 - Abduction R.C. 2905.04 - Child Stealing R.C. 2923.161-Improperly discharging a firearm at or into a R.C. 2905.05 - Criminal Child Enticement habitation or school SEX OFFENSES DRUG OFFENSES R.C. 2907.02 - Rape R.C. 2925.02 - Corrupting Another with Drugs R.C. 2907.03 - Sexual Battery R.C. 2925.03 - Trafficking in Drugs R.C. 2907.04 - Corruption of a Minor R.C. 2925.04 - Illegal Manufacture of drugs or cultivation of R.C. 2907.05 - Gross Sexual Imposition Marijuana R.C. 2925.05 - Funding of drug or marijuana trafficking R.C. 2907.06 - Sexual Imposition R.C. 2907.07 - Importuning R.C. 2925.06 - Illegal manufacture of distribution of anabolic R.C. 2907.08 - Voyeurism steroids R.C. 2907.09 - Public Indecency R.C. 2925.11 - Possession of drugs (other than minor drug R.C. 2907.12 - Felonious Sexual Penetration possession) R.C. 2907.21 - Compelling Prostitution R.C. 2907.22 - Promoting Prostitution R.C. 2907.23 - Procuring R.C. 3716.11 - Placing harmful objects in food or confection R.C. 2907.25 - Prostitution A felony contained in the Revised Code that is not listed above, if the felony bears a direct and substantial relationship to the duties of the position. Any offense contained in the Revised Code constituting a misdemeanor of the first degree on the first offense and a felony on subsequent offenses, if the offense bears a direct and substantial relationship to the position and the nature of the services being provided by the county board. A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States, if the offense is substantially equivalent to any of the offenses outlined above. 7. The applicant agrees to inform the Board Superintendent if, while the applicant is involved in the volunteer program of the Board, the applicant is ever formally charged with any of the offenses listed above. Such notification must be made within 14 calendar days of the charge, conviction or guilty pleas. The applicant understands that failure to report formal charges, convictions, or guilty pleas to the Superintendent may result in the applicant being dismissed from Board volunteer program. 8. The applicant states that the above information is complete, true and accurate under penalty of perjury. 9. The applicant understands that the accuracy of this information is a condition of being accepted into the volunteer program and that the Board is relying on the accuracy of this information. The applicant understands that he/she may be discharged if any of the above information is false, 10. incomplete or misleading. FURTHER AFFIANT SAYETH NAUGHT Signature of Affiant: SWORN TO AND SUBSCRIBED BEFORE ME AT NEW PHILADELPHIA, OHIO, THIS



Tuscarawas County Board of Developmental Disabilities

VOLUNTEER ORIENTATION CHECKLIST

			Check and Date When Completed
Α.	WELC	COME	Tine completed
	1.	General overview of program and services offered/ TuscBDD Role and Responsibilities	
	2.	General facts about people who have developmental disabilities	
	3.	Person-Centered planning, thinking, language	
	4.	Position descriptions (if applicable)	
	VOLU	INTEER APPLICATION PACKET	
	1.	Forms that need to be completed	
	2.	Your responsibilities as a volunteer	
	3.	Our responsibilities to you	
	RIGH	TS OF PEOPLE WITH DEVELOPMENTAL DISABILITIES	
	1.	Confidentiality of information/HIPAA	
	2.	Community participation and integration/inclusion	
	3.	Bill of Rights	
	4.	Self Determination/Self Advocacy	
).	GENE	RAL MEDICAL INFORMATION	
	1.	Use of adaptive equipment (communication boards, wheelchairs, braces, etc.)	
	2.	General Safety procedures (universal precautions/exposure control)	
	EMER	RGENCIES, UNUSUAL INCIDENTS	
	1.	UI/MUI/Reporting Abuse Neglect (SSA Dept.)	
	2.	Fire/tornado procedure	



	3. I	Hazard Communication		
	4. I	Health and Welfare Alerts (on website)		
F.	GENE	ERAL INSTRUCTIONS		
	1.	Table of Organization/Leadership/points of contact		
	2.	Volunteer sign in, sign out		
	3.	Transportation: Volunteers are responsible for arranging their own transportation to and from assignment.		
	4.	Volunteers ARE NOT permitted to drive Board-owned or leased vehicles as well transport individuals served		
	5.	BCI fingerprint/Abuser Registry		
	6.	Attendance a. Arriving late b. Reporting absence c. Calendar of Operations d. Calamity days/open and closing policy e. Notify within 14 days of conviction to listed offenses		
I have	e receive	d orientation in the above areas.		
Volun	teer Sign	nature Date Signature of Orientation Le	ader	Date



VOLUNTEER RECORD OF VOLUNTEER HOURS

Tuscarawas County Board of Developmental Disabilities (TuscBDD)

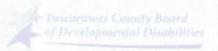
Attention Volunteers: As a volunteer, TuscBDD staff will provide you with a brief orientation regarding your duties, as well as expectations. Please share any questions you have with them.

olunteer S	ite:			
aff/Super	visor:			
Date	Time In	Time Out	Total Daily Hours	Dept. or activity

^{**}Return form to Kerri Silverthorn on a monthly basis (SSC Office Mailbox or ksilverthorn@tuscbdd.org)**



Name of Volunteer:_



Tuscbdd Volunteer Evaluation Form

1. Contact Information

Name:			Position:	
Supervisor:		Total Hours \	Worked:	
2. Professionalism				
Understanding of Agency Goals Excellent Good	s & Mission Average	Fair	☐ Needs Improvement	□n/a
Interaction with people that re Excellent Good	ceive services Average	Fair	☐ Needs Improvement	□n/a
Handling of Difficult Situations ☐ Excellent ☐ Good	Average	Fair	☐ Needs Improvement	□n/a
Interest and Sincerity Excellent Good	Average	Fair	☐ Needs Improvement	□n/a
Timeliness Excellent Good	Average	Fair	Needs Improvement	□n/a
Comments:				
3. Responsibility				
Reliable Excellent Good	Average	Fair	☐ Needs Improvement	□n/a
Completes Assignments Excellent Good	Average	Fair	☐ Needs Improvement	□n/a
Attention to Detail Excellent Good	Average	Fair	Needs Improvement	□n/a
Willingness to Complete New 1 Excellent Good	asks Average	Fair	Needs Improvement	□n/a
Comments:				

TuscBDD:Vol:008 Revision: Jan 2019



Tuscbdd Volunteer Evaluation Form

4. Effectiveness	
Describe Benefits to Staff:	
Describe Benefits to people that receive services:	
Fulfillment of Agency Goals & Mission:	
Supervisor Signature:	Date:
Volunteer Signature:	Date:

TuscBDD:Vol:008 Revision: Jan 2019



Tuscarawas County Board of Developmental Disabilities

Confidentiality Agreement

All students, interns (paid and non-paid), volunteers, contractors and vendors who come into regular contact with persons supported by the Board and their families and/or personal, HIPAA classified information regarding said persons must be aware of and agree to the terms of the Board's confidentiality policy, as summarized below:

It is policy of TuscBDD that:

All information including documentation and records concerning a person eligible for services and supports from the Board is considered confidential and subject to safeguards. No student, intern, volunteer, contractor, or vendor may disclose such information directly or indirectly without the written consent of the person, his/her legal guardian or the parent of a minor, as appropriate. Permissions for the release of information must be in writing and may be revoked at any time.

Failure to abide by this requirement will result in immediate dismissal of any student, volunteer, contractor, or vendor. It may also be subject to violation of applicable federal and/or state penalties.

I understand the confidentiality policy of the T	uscarawas County Board of Developmental Disabilities.
Signature:	Date:
Witness Signature:	Date:

TuscBDD:Vol:009 Revision: Jan 2019