

FOR OFFICE USE ONLY-

START: \_\_\_\_\_  
SCHEDULE : \_\_\_\_\_  
ORIENTATION: \_\_\_\_\_  
BCII/ABUSER REG.: \_\_\_\_\_

SITE: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_

**Tuscarawas County Board of Developmental Disabilities  
VOLUNTEER APPLICATION FORM**

Thank you for your interest in serving as a volunteer. Please complete this volunteer application form in its entirety. The information you give on this application will be confidential.

**SECTION I**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (home): \_\_\_\_\_ (Work): \_\_\_\_\_ E-mail: \_\_\_\_\_ Birth date: \_\_\_\_\_

**SECTION II**

Type of Volunteer Position Desired: \_\_\_\_\_  
Times available to volunteer: (Please indicate times i.e., 9 am-11 am for each day you may be available).

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Morning							
Afternoon							
Evening							

Available :  Summer  Fall  Winter  Spring

Special Interests, Skills, Hobbies: \_\_\_\_\_

**SECTION III**

Applicant currently is or has:

*Been convicted of a traffic violation?	Y	N	*Been convicted of a felony?	Y	N
*Been litigant in a court case?	Y	N	*Physical conditions which would impact on volunteer position?	Y	N
*Mental conditions which would impact a volunteer position?	Y	N	*Taking medications (relevant to an emergency situation)?	Y	N

Give explanations for all YES answers: \_\_\_\_\_

Can you provide your own transportation to volunteer? Yes No

**SECTION IV**

Students fulfilling course requirements: (complete if applicable):

Name of School: \_\_\_\_\_ Year: \_\_\_\_\_ Major: \_\_\_\_\_  
Course Number(s): \_\_\_\_\_ Instructor(s): \_\_\_\_\_  
Deadline for project completion and number of hours required: \_\_\_\_\_



**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:**

As the parent/guardian of \_\_\_\_\_, I grant my permission for him/her to participate as an unpaid volunteer for Tuscarawas County Board of Developmental Disabilities.

Parent/Guardian Signature & Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_







STATE OF OHIO :  
:  
COUNTY OF TUSCARAWAS :

**AFFIDAVIT**

\_\_\_\_\_, BEING FIRST DULY SWORN, DEPOSES AND SAYS:

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 Disabilities (referred to in this affidavit as the “Board”).
2. The applicant understands that the Board is required to conduct a criminal records check of all new volunteers, including gathering a set of impressions of the applicant’s fingerprints. The applicant agrees to sign all forms necessary for the Board (or the Board’s designee) to receive this information and understands that failure to do so means the Board will not accept the applicant as a volunteer.

**(Applicants: Check either 3 or 4 but not both)**

3. \_\_\_ The applicant states the he/she **has** been a resident of Ohio for the five (5) year period preceding this application. The applicant agrees to provide proof acceptable to the Board that he/she has been a resident of Ohio for the five (5) year period preceding this application.
4. \_\_\_ The applicant states that he/she **has not** been a resident of Ohio for the five (5) year period preceding this application.

**(Applicants: Check either 5 or 6 but not both)**

5. \_\_\_ The applicant states that he/she **has not** been convicted of or plead guilty to any of the offenses listed on the reverse of this affidavit.
6. \_\_\_ The applicant states the he/she **has** been convicted or plead guilty to one or more of the offenses listed on the reverse of this affidavit. For each offense for which the applicant has been convicted or plead guilty, the applicant states:

- a. The original charge was \_\_\_\_\_.
- b. The conviction was for \_\_\_\_\_.
- c. The date of the conviction was \_\_\_\_\_.
- d. The sentence was \_\_\_\_\_.
- e. The date of the completion of all terms of the sentence was \_\_\_\_\_.
- f. The circumstances of the crime were as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.



**HOMICIDE**

R.C. 2903.01 - Aggravated Murder  
R.C. 2903.02 - Murder  
R.C. 2903.03 - Voluntary Manslaughter  
R.C. 2903.04 - Involuntary Manslaughter

**ASSAULT**

R.C. 2903.11 - Felonious Assault  
R.C. 2903.12 - Aggravated Assault  
R.C. 2903.13 - Assault  
R.C. 2903.16 - Failing to provide for a functionally impaired person

**MENACING**

R.C. 2903.21 - Aggravated Menacing

**PATIENT ABUSE AND NEGLECT**

R.C. 2903.34 - Patient Abuse; Neglect  
R.C. 2903.341 - Patient Endangerment

**KIDNAPING AND RELATED OFFENSES**

R.C. 2905.01 - Kidnapping  
R.C. 2905.02 - Abduction  
R.C. 2905.04 - Child Stealing  
R.C. 2905.05 - Criminal Child Enticement

**SEX OFFENSES**

R.C. 2907.02 - Rape  
R.C. 2907.03 - Sexual Battery  
R.C. 2907.04 - Corruption of a Minor  
R.C. 2907.05 - Gross Sexual Imposition  
R.C. 2907.06 - Sexual Imposition  
R.C. 2907.07 - Importuning  
R.C. 2907.08 - Voyeurism  
R.C. 2907.09 - Public Indecency  
R.C. 2907.12 - Felonious Sexual Penetration  
R.C. 2907.21 - Compelling Prostitution  
R.C. 2907.22 - Promoting Prostitution  
R.C. 2907.23 - Procuring  
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.
10. The applicant understands that he/she may be discharged if any of the above information is false, incomplete or misleading.

**FURTHER AFFIANT SAYETH NAUGHT**

Signature of Affiant: \_\_\_\_\_ Date: \_\_\_\_\_

**SWORN TO AND SUBSCRIBED BEFORE ME AT NEW PHILADELPHIA, OHIO, THIS**

**Date** \_\_\_\_\_, \_\_\_\_\_.

**SEX OFFENSES**

R.C. 2907.31 - Disseminating matter harmful to juveniles  
R.C. 2907.32 - Pandering Obscenity  
R.C. 2907.321 - Pandering Obscenity involving a minor  
R.C. 2907.322 - Pandering sexually oriented matter involving a minor  
R.C. 2907.323 - Illegal use of minor in nudity-oriented material or performance

**ROBBERY & BURGLARY**

R.C. 2911.01 - Aggravated Robbery  
R.C. 2911.02 - Robbery  
R.C. 2911.11 - Aggravated Burglary  
R.C. 2911.12 - Burglary

**OFFENSES AGAINST FAMILY**

R.C. 2919.12 - Unlawful Abortion  
R.C. 2919.22 - Endangering Children  
R.C. 2919.24 - Contributing to unruliness or delinquency of a child  
R.C. 2919.25 - Domestic Violence

**WEAPONS CONTROL**

R.C. 2923.12 - Carrying Concealed Weapon  
R.C. 2923.13 - Having Weapons While Under Disability  
R.C. 2923.161 - Improperly discharging a firearm at or into a habitation or school

**DRUG OFFENSES**

R.C. 2925.02 - Corrupting Another with Drugs  
R.C. 2925.03 - Trafficking in Drugs  
R.C. 2925.04 - Illegal Manufacture of drugs or cultivation of Marijuana  
R.C. 2925.05 - Funding of drug or marijuana trafficking  
R.C. 2925.06 - Illegal manufacture of distribution of anabolic steroids  
R.C. 2925.11 - Possession of drugs (other than minor drug possession)

**OTHER**

R.C. 3716.11 - Placing harmful objects in food or confection

Tuscarawas County Board of Developmental Disabilities

VOLUNTEER ORIENTATION CHECKLIST

Name of Volunteer: \_\_\_\_\_

	Check and Date When Completed
<b>A. WELCOME</b>	
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)	_____
<b>B. VOLUNTEER APPLICATION PACKET</b>	
1. Forms that need to be completed	_____
2. Your responsibilities as a volunteer	_____
3. Our responsibilities to you	_____
<b>C. RIGHTS OF PEOPLE WITH DEVELOPMENTAL DISABILITIES</b>	
1. Confidentiality of information/HIPAA	_____
2. Community participation and integration/inclusion	_____
3. Bill of Rights	_____
4. Self Determination/Self Advocacy	_____
<b>D. GENERAL MEDICAL INFORMATION</b>	
1. Use of adaptive equipment (communication boards, wheelchairs, braces, etc.)	_____
2. General Safety procedures (universal precautions/exposure control)	_____
<b>E. EMERGENCIES, UNUSUAL INCIDENTS</b>	
1. UI/MUI/Reporting Abuse Neglect (SSA Dept.)	_____
2. Fire/tornado procedure	_____



3. Hazard Communication

\_\_\_\_\_

4. Health and Welfare Alerts (on website)

\_\_\_\_\_

**F. GENERAL 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 received orientation in the above areas.

\_\_\_\_\_  
Volunteer Signature

Date

\_\_\_\_\_  
Signature of Orientation Leader

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.

**Name of Volunteer:** \_\_\_\_\_

**Volunteer Site:** \_\_\_\_\_

**Staff/Supervisor:** \_\_\_\_\_

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](mailto:ksilverthorn@tuscbdd.org))\*\***



# Tuscbdd Volunteer Evaluation Form

## 1. Contact Information

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Evaluation Date: \_\_\_\_\_ Dates served: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_

## 2. Professionalism

Understanding of Agency Goals & Mission

Excellent    Good    Average    Fair    Needs Improvement    N/A

Interaction with people that receive services

Excellent    Good    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 Tasks

Excellent    Good    Average    Fair    Needs Improvement    N/A

Comments:

#### 4. Effectiveness

Describe Benefits to Staff:

Describe Benefits to people that receive services:

Fulfillment of Agency Goals & Mission:

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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.

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I understand the confidentiality policy of the Tuscarawas County Board of Developmental Disabilities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_