# Volunteer Application Date:

|  |
| --- |
| Contact Information |
|  |
| Name |  |
| Street Address |  |
| City State ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| Mobile Phone |  |
| E-Mail Address |  |
| How did you hear about us? |  |

|  |
| --- |
| Availability |
| During which hours are you available for volunteer assignments? *Please list specific times*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Mornings | Afternoons | Evenings |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday  |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

 |
| There are times during the week that I cannot do volunteer work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Interests |
| Tell us in which areas you are interested in volunteering: |
|  |
| Administration (*answering phones, filing, data entry, etc.)* |
|  Special Events *(see attached sheet of Special Events*) |
| Library |
| Fundraising Support |
| KidSigns (*Youth Program)* |
| \_\_\_ Agency upkeep and maintenance |
| \_\_\_ Volunteer Coordination |
| Special Skills or Qualifications  |
| Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. |
|  |
| Have you had any previous experience working with people that are Deaf or Hard of Hearing? |
| Previous Volunteer Experience  |
| Summarize your previous volunteer experience. |
|  |
|  |

# Education and Employment

Education (*circle highest*): Not yet in high school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School: 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

Will you receive school credit for volunteering? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you experienced in any languages besides English? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment History:

­­­\_\_\_Currently Employed \_\_\_Currently not working \_\_\_Retired \_\_\_Student

Employed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Person to Notify in Case of Emergency |
|  |
|  |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| Mobile Phone |  |
| E-Mail Address |  |
| Agreement and Signature |
| By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand that a background check will be completed before I can begin volunteering. I understand that if I am under 18 years of age I must have parents’ or guardians’ written consent before I begin (attach Page 3). |
|  |
| Name (printed) |  |
| Signature |  |
| Date |  |

|  |
| --- |
| Our Policy |
| It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.**Thank you for your interest in volunteering with us. All forms may be submitted to Deb Atwood at** **datwood@deafhhs.org** **or faxed at (616) 732-7365 or dropped off at the office.** |

 **PARENTAL CONSENT (teens 13 through 17)**

Your signature indicates your approval for your child’s participation in the Deaf and Hard of Hearing Volunteer Program. You also acknowledge that Deaf and Hard of Hearing Services is not liable for any accidents or injury incurred by the student while engaged in the voluntary service.

Teen applicant’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teen’s Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Volunteer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent / Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deaf & Hard of Hearing Services** 3680 44th St. SE Suite 201 Kentwood, MI 49512 P 616.732.7358 F 616.732.7365 VP 616.828.0186 www.deafhhs.org

Statement of Confidentiality

This statement is to acknowledge that I am fully aware of my responsibilities to protect the confidential nature of all information pertaining to individuals who are receiving or who have received service from Deaf and Hard of Hearing Services (D&HHS).

I understand that this confidentiality also includes information pertaining to employees, volunteers, or other person(s) that for any other reason have shared their contact/ vital information with Deaf and Hard of Hearing Services.

I further recognize that I may not divulge identifying information to any individual or organization regarding a service recipient without his/her written consent. In addition, information may only be released in accordance with Health Insurance Portability and Accountability Act of 1996 (HIPAA) and state/federal recipient rights regulations.

I recognize my obligation to adhere to Deaf and Hard of Hearing Services policies in my contacts with individuals and the community while representing the agency.

I am aware that any violation of confidentiality and/or policies may result in termination of my work assignment with this organization.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

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**Criminal History Release Form**

I authorize Deaf and Hard of Hearing Services to search public records for history of any criminal activity that may affect the position for which I am applying. I understand that this information may affect whether or not I am hired, or the duties I am asked to perform, as allowed by Federal and State labor laws.

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden name, other names used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: M F

Driver’s license number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer signature and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*S Drive/DHHS Staff Forms/Criminal Background Release.*

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**Volunteer Participation Agreement and Release**

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

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please print)*

**Please read each section carefully and sign below.**  If you have any questions, contact Deb Atwood (Executive Director) at 616-732-7358 ext. 206 or datwood@deafhhs.org.

* **General Waiver and Release** (Initial here)\_\_\_\_\_\_

Please be aware that by participating, you will be waiving and releasing all claims for injuries you may sustain arising out of our events/activities/programming.

As a participant in any and all activities connected with or associated with Deaf and Hard of Hearing Services, I recognize and acknowledge that there are certain risks of physical injury or property damage/loss, and I agree to assume the full risk of any injuries or property damage/loss which you may sustain as a result of participating in any and all activities associated with Deaf and Hard of Hearing Services.

I agree to waive and relinquish claims you may have against Deaf and Hard of Hearing Services as a result of participating in events/activities/programming.

I understand that reasonable attempts and care at keeping me and property safe from harm will be taken.

In addition, I understand that I am waiving all claims for compensation.

* **Hearing Aid/Assistive Listening Device (HA/ALD) Responsibility Release**(Initial here)\_\_\_\_\_\_

I hereby agree and consent not to hold Deaf and Hard of Hearing Services liable for loss or damage of hearing aid/assistive listening devices (including cochlear implants, hearing aids, personal amplifiers, etc). that which may occur during the time I am involved in any event sponsored by Deaf and Hard of Hearing Services.

I understand that reasonable attempts at care and keeping hearing aids, cochlear implants and other ALDs safe from harm will be taken.

In addition, I understand I am waiving all claims for any compensation.

* **Media Release (Photo/Video)** (Initial here)\_\_\_\_\_\_

I hereby agree and consent to the use of my image and/or voice for advertising, educational and publicity purposes by Deaf and Hard of Hearing Services. I agree to hold Deaf and Hard of Hearing Services harmless for such use.

In addition, I understand that I am waiving all claims for any compensation.

**By signing below, I hereby agree to this release form.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*Signature* *Relationship*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 *Email Address*

****

**Employment**

* Employed
* Self-Employed
* Unemployed
* Homemaker
* Student
* Military
* Retired
* Disability

**Zip Code:**

\_\_\_\_\_\_\_\_

**Ethnicity**

* Caucasian
* Black
* Latino/a
* Native American
* Asian
* Multiracial

**# of Family Members**

**Deaf:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **HoH**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hearing:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education**

* High School Diploma
* High School Equivalent
* Some College Credit
* Trade/Vocational School
* Associate Degree
* Bachelor’s Degree
* Master’s Degree/or Higher

**Approximation of Your Income**

* Less than $20,000
* $20,000 to $34,999
* $35,000 to $49,999
* $50,000 to $74,999
* $75,000 to $99,999
* $100,000 or above



 Special Events

Fall Fest

Mayfest Fundraiser in May

KidSigns Program throughout the year

Kids Kamp in July

Signing Santa

Silent Celebration picnic in the summer

Silent Weekend in February for ITP students and interpreters

Teen Club newly started!

Workshops for interpreters and ITP students. CEU’s available for most of these.