

Drake Center Adult Volunteer Application

Return to:

Drake Center Volunteer Services
151 West Galbraith Road
Cincinnati, OH 45216-1096

Contact Information:

Volunteer Services
E-mail: wendy.morton_green@healthall.com
Phone Number: (513) 418-2522
Fax: (513) 418-5807

Last Name	First Name	Middle Name	Name You Are Called
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Mr. Ms. Mrs. Miss Rev. MD Ph.D. Other _____ Spouse's name

HOME ADDRESS

Street Address	Apartment Number
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City	State	Zip Code + 4
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Is anyone else at this address already a volunteer here? No Yes If yes, what is their name?

Have you volunteered with us before? No Yes If yes, in what year?

I prefer to receive calls at Home Business Either

Home Phone Number ()	Business Phone Number ()	Fax ()	e-mail
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EDUCATION Check all that apply:

<p>High school graduate?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Year of graduation? _____</p>	<p><input type="checkbox"/> College Student Year? _____</p> <p><input type="checkbox"/> Undergraduate degree</p> <p><input type="checkbox"/> Graduate degree</p> <p>University _____</p> <p>Major _____</p>
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EMPLOYMENT INFORMATION

I am <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	Occupation _____ Company Name _____ Company Address _____ Company Phone _____
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My employer offers a time-off program for volunteers

My employer offers a donation matching program

AVAILABILITY: Please check the times you are usually available for a volunteer assignment:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings
<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons
<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings

PLEASE CHECK YOUR SKILLS/INTERESTS:

Skill Interest

Clerical Support

- | | | |
|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | answering phones |
| <input type="checkbox"/> | <input type="checkbox"/> | assembling packets |
| <input type="checkbox"/> | <input type="checkbox"/> | computer skills/data entry |
| <input type="checkbox"/> | <input type="checkbox"/> | copying, filing |
| <input type="checkbox"/> | <input type="checkbox"/> | mailings |
| <input type="checkbox"/> | <input type="checkbox"/> | tax levy work |
| <input type="checkbox"/> | <input type="checkbox"/> | telephoning |

Work at Home Opportunities

- | | | |
|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | crochet or knit lap robes |
| <input type="checkbox"/> | <input type="checkbox"/> | sew appliance bag covers |
| <input type="checkbox"/> | <input type="checkbox"/> | sew lap robes, wheelchair bags |

Skill Interest

Patient Contact

- | | | |
|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | bible reading |
| <input type="checkbox"/> | <input type="checkbox"/> | card games |
| <input type="checkbox"/> | <input type="checkbox"/> | letter writing |
| <input type="checkbox"/> | <input type="checkbox"/> | play instrument for patients |
| <input type="checkbox"/> | <input type="checkbox"/> | read to patients |
| <input type="checkbox"/> | <input type="checkbox"/> | sing to patients |
| <input type="checkbox"/> | <input type="checkbox"/> | talk to patients |

Transport Patients

- | | | |
|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | bingos |
| <input type="checkbox"/> | <input type="checkbox"/> | entertainment, outings, picnics |
| <input type="checkbox"/> | <input type="checkbox"/> | religious services, memorial services |

Therapies

- Aquatic Therapy
- Occupational Therapy
- Physical Therapy
- Therapeutic Recreation

Other

- Gift Shop Cashier
- Greeter/Lobby Information Desks
- Health Care Resource Center

REFERENCES: Please list two people, other than relatives, willing to be personal references.

Last Name	First Name	Relationship
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Mr.
 Ms.
 Mrs.
 Miss
 Rev.
 MD
 Ph.D.
 e-mail address: _____

Street Address	Apartment Number	Phone Number
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City	State	Zip Code
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Last Name	First Name	Relationship
-----------	------------	--------------

Mr.
 Ms.
 Mrs.
 Miss
 Rev.
 MD
 Ph.D.
 e-mail address: _____

Street Address	Apartment Number	Phone Number
----------------	------------------	--------------

City	State	Zip Code
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EMERGENCY CONTACTS: In the event of an emergency, please notify:

Primary Contact

Name	Home Phone Number
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Relationship	Business/Cell Phone Number
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Secondary Contact

Name	Home Phone Number
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Relationship	Business/Cell Phone Number
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PERSONAL INFORMATION: (OPTIONAL - for statistical purposes only).

<p>Date of Birth</p> <p>Month: _____ Day: _____ Year: _____</p>
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<p>Gender</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p>	<p>Marital Status</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p>	<p>Race</p> <p><input type="checkbox"/> African-American <input type="checkbox"/> Mixed Race</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Caucasian <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Hispanic</p>	<p>Physically Challenged</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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Acknowledgements by applicant:

1. I understand that if accepted, false statements, omissions, or other misrepresentation by me on this application may result in immediate dismissal.
2. I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily.
3. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.

4. I understand that I will not be paid for my services as a volunteer.
5. I give my consent to DRAKECenter, Inc. to use my photograph/videotape and/or information for public relations and promotional activities for brochures, videotapes, newspapers, news broadcasts, displays, advertisements, presentations, or identification at times and in places determined by Drake Center. I understand and agree that these rights are consented to without compensation whatsoever.
6. I hereby authorize DRAKECenter, Inc. to check any criminal conviction record and any references given and I hereby waive any right to see the references obtained. In giving my knowing and voluntary consent, I hereby release all entities and individuals from any and all liability that may arise from supplying the information requested by DRAKE Center, Inc.

Applicant's Signature: _____

Date: _____

Other than minor traffic violations, have you ever been convicted of any crime (including misdemeanors for which you received a ticket, fine, costs or incarceration)? YES NO. If the answer is YES, furnish details of the conviction, the offense, location, date and disposition (sentence).

	<u>DATE OF CONVICTION</u>	<u>CITY and STATE</u>	<u>CHARGE</u>	<u>DISPOSITION / SENTENCE</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**A CONVICTION RECORD CHECK WILL BE CONDUCTED;
HOWEVER, A RECORD WILL NOT NECESSARILY KEEP YOU FROM BECOMING A VOLUNTEER.**