

Drake Center Junior Volunteer Application

Return to:

Volunteer Services  
Drake Center 151 W. Galbraith Rd.  
Cincinnati, OH 45216-1096

Contact Information:

**Volunteer Services**  
Phone: (513) 418-2521/2522  
Fax: (513) 418-5807

Last Name	First Name	Middle Name	Name You Are Called
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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

School Attending _____	Grade _____
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EMPLOYMENT INFORMATION

I am <input type="checkbox"/> Employed  <input type="checkbox"/> Unemployed	Occupation _____ Company Name _____ Company Address _____ Company Phone _____
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## JUNIOR VOLUNTEER APPLICATION

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"/>	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/>
Afternoons						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:

<b>Skill</b>	<b>Interest</b>	<b><u>Clerical Support</u></b>	<b>Skill</b>	<b>Interest</b>	<b><u>Patient Contact</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	answering phones	<input type="checkbox"/>	<input type="checkbox"/>	bible reading
<input type="checkbox"/>	<input type="checkbox"/>	assembling packets	<input type="checkbox"/>	<input type="checkbox"/>	card games
<input type="checkbox"/>	<input type="checkbox"/>	computer skills/data entry	<input type="checkbox"/>	<input type="checkbox"/>	letter writing
<input type="checkbox"/>	<input type="checkbox"/>	copying, filing	<input type="checkbox"/>	<input type="checkbox"/>	play instrument for patients
<input type="checkbox"/>	<input type="checkbox"/>	mailings	<input type="checkbox"/>	<input type="checkbox"/>	read to patients
<input type="checkbox"/>	<input type="checkbox"/>	tax levy work	<input type="checkbox"/>	<input type="checkbox"/>	sing to patients
<input type="checkbox"/>	<input type="checkbox"/>	telephoning	<input type="checkbox"/>	<input type="checkbox"/>	talk to patients
		<b><u>Work at Home Opportunities</u></b>			<b><u>Transport Patients</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	crochet or knit lap robes	<input type="checkbox"/>	<input type="checkbox"/>	bingos
<input type="checkbox"/>	<input type="checkbox"/>	sew appliance bag covers	<input type="checkbox"/>	<input type="checkbox"/>	entertainment, outings, picnics
<input type="checkbox"/>	<input type="checkbox"/>	sew lap robes, wheelchair bags	<input type="checkbox"/>	<input type="checkbox"/>	religious services, memorial services
		<b><u>Therapies</u></b>			<b><u>Other</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	Aquatic Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Gift Shop Cashier
<input type="checkbox"/>	<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Health Care Resource Center
<input type="checkbox"/>	<input type="checkbox"/>	Physical Therapy			
<input type="checkbox"/>	<input type="checkbox"/>	Therapeutic Recreation			

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

1

Last Name	First Name	Relationship

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

Street Address	Apartment Number	Phone Number

## JUNIOR VOLUNTEER APPLICATION

City	State	Zip Code
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**2**

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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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"/> Single</p>	<p>Race</p> <p><input type="checkbox"/> African-American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Mixed Race</p> <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Other: _____</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 I will not be paid for my services as a volunteer.

Applicant's Signature: \_\_\_\_\_

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

Junior Volunteer Permission Form:

This form **must** be signed by a parent or guardian if you are under the age of 18.

Complete and return it with the application. We will make a copy for your file and give you the original to present when you get your TB test. (You will not be given the TB test without the form!)

I give permission for my child, \_\_\_\_\_ to serve as a junior volunteer at Drake Center, Bridgeway Pointe, Children's Pointe, and/or Drake Pavilion. I understand that this volunteer service may involve working directly with persons receiving services from one or more of these organizations, and may include outings off the campus occupied by these organizations. I expressly release all of the above organizations from any and all liability or claims that may result from my child's volunteer service.

I give permission for the above named junior volunteer to receive a 1-step Mantoux TB skin test.

I give my consent to Drake Center, Inc. to use the above named junior volunteer's 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.

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.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date