



MEDINA COUNTY OFFICE FOR OLDER ADULTS VOLUNTEER APPLICATION



Thank you for your interest in volunteering. All information will be kept confidential.

OFFICE ONLY	
DATE RCD	_____
DATE ENT	_____

ABOUT YOU

Name _____

Address _____

City _____

Phone _____ Email _____

VOLUNTEER SERVICES YOU ARE WILLING TO PROVIDE

 Please check your volunteer interest(s)

Positions in Medina Senior Center: Kitchen Front Desk Administrative Other _____

Positions in Community:

- Escorted Transportation - Shopping Telephone Reassurance Call
- Escorted Transportation - Dr. Visits Friendly Visitation
- Shop for a Senior - No Contact Grocery Shopping Mail Pickup
- Small Chores

YOUR AVAILABILITY

 Area(s) you are available to volunteer in:

- Brunswick Area Medina Area Wadsworth Area Lodi Area Whole County

The best time(s) you are available to volunteer: Days/Hours _____

Preferred Frequency: Weekly Bi-Weekly Monthly As Needed Other (specify) _____

SPECIAL TRAINING OR SKILLS

Please list current or previous employment:

Employer Duties

Employer Duties

What other volunteering have you done?

EMERGENCY CONTACT INFO:

Name

Phone

Relationship

VOLUNTEER AGREEMENT

I hereby certify that all information I have supplied in this volunteer application is true, complete, and accurate. I understand that by submitting this application, I authorize inquiries to be made concerning my suitability as a volunteer and that this application is not a guarantee that I will be accepted as a volunteer with Medina County Office for Older Adults (MCOOA). I also give permission for criminal background, three year MVA driving record check, fingerprint and other checks, if applicable. Further, I acknowledge that participation in any MCOOA program as a volunteer does not constitute employment with FMCOOA. I understand that MCOOA does not unlawfully discriminate in employment or volunteer appointments and no question on this application is used for the purpose of limiting or excusing any applicant from consideration on a basis prohibited by applicable local, state, or federal law. I agree to comply with and be bound by the agency's safety and health rules and regulations, rules of conduct, and any other policy and/or rule or procedure set forth by the organization.

Volunteer Signature

Printed Name

Date

MEDINA COUNTY OFFICE FOR OLDER ADULTS
VOLUNTEER CONFIDENTIALITY AGREEMENT

All information concerning clients, former clients, our staff, volunteers, and financial data, and business records of Medina County Office for Older Adults (MCOOA) is confidential. "Confidential" means that you are free to talk about MCOOA and about your program and your position, but you are not permitted to disclose clients' names or talk about them in ways that will make their identity known. No information may be released without appropriate authorization. This is a basic component of client care and business ethics. The board of directors, staff and our clients rely on paid and volunteer staff to conform to this rule of confidentiality.

MCOOA expects you to respect the privacy of clients and to maintain their personal and financial information as confidential. All records dealing with specific clients must be treated as confidential. General information, policy statements or statistical material that is not identified with any individual or family is not classified as confidential. Staff members are responsible for maintaining the confidentiality of information relating to other staff members and volunteers, in addition to clients.

Failure to maintain confidentiality may result in termination of your position or other corrective action. This policy is intended to protect you as well as MCOOA because in extreme cases, violations of this policy also may result in personal liability.

RATIONALE

Confidentiality is the preservation of privileged information. By necessity personal and private information is disclosed in a professional working relationship. Part of what you learn is necessary to provide services to the applicant or client; other information is shared within the development of a helping, trusting relationship. Therefore, most information gained about individual clients through an assignment is confidential in terms of the law, and disclosure could make you legally liable. Disclosure could also damage your relationship with the client and make it difficult to help the person.

Before you begin your assignment as a volunteer, you should be aware of the laws and penalties for breaching confidentiality. Although the agency is liable for your acts within the scope of your duty, giving information to an unauthorized person could result in the agency's refusal to support you in the event of legal action. Violation of the state statutes regarding confidentiality of records is punishable upon conviction by fines or by imprisonment or by both.

CERTIFICATION

I have read MCOOA's policy on confidentiality and the Statement of Confidentiality presented above. I agree to abide by the requirements of the policy and inform my supervisor immediately if I believe any violation (unintentional or otherwise) of the policy has occurred. I understand that violation of this policy will lead to disciplinary action, up to and including termination of my service with MCOOA.

Volunteer Signature

Printed Name

Date

**MEDINA COUNTY OFFICE FOR OLDER ADULTS
VOLUNTEER WAIVER OF LIABILITY**

In consideration of this opportunity to volunteer, I agree to the following terms and conditions, intending to be legally bound by them: I will abide by the mission, rules, regulations, policies and programs of Medina County Office for Older Adults, (hereinafter referred to as MCOOA) while I am a volunteer.

I fully understand the nature of the volunteer activities that I will be performing on behalf of MCOOA and hereby confirm that I am qualified, in good health, and in proper physical condition to participate in such activities. I further agree and promise that if at any time I believe conditions associated with such activities are unsafe, I will immediately discontinue further participation in such activities and will advise MCOOA of the perceived unsafe conditions.

I assume all risks in connection with my volunteer work for MCOOA. I acknowledge and agree that MCOOA, its directors and officers, its volunteers or any of its representatives, are not liable to me for any damages, liabilities, losses, judgments, costs or expenses which I might suffer or sustain in connection to the performance of my volunteer activities for MCOOA.

On behalf of myself, my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless MCOOA and its directors, officers, employees, volunteers and agents from any claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my volunteer work for MCOOA.

I will indemnify, defend and hold MCOOA harmless from and against any claims, lawsuits, damages, losses, costs or expenses sustained by any animal or any person in connection with my participation in MCOOA activities, including but not limited to my intentional misconduct or grossly negligent performance of volunteer activities for MCOOA, or my breach of MCOOA rules, regulations, policies and programs. If I suspend volunteer activities, or upon request, I will promptly return all MCOOA supplies, equipment, records, moneys and other items in good, clean, serviceable condition. I acknowledge and agree that MCOOA shall have the right to terminate my involvement with MCOOA at any time with or without prior notice. Any modification to this Agreement must be in writing and signed by both parties. This Agreement is binding upon MCOOA, MCOOA representatives, me and my respective heirs, successors, assigns, executors and personal representatives.

Photography Release: I grant and convey to MCOOA all right, title and interest in any and all photographic images in which I appear including video or audio recordings, made by MCOOA or others on MCOOA's behalf during my volunteering or work for MCOOA, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Ohio. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

I agree not personally accept money for any volunteer services given to clients and agree to turn in any money or Donations offered to me by clients to MCOOA.

I agree to all the terms stated above. I will abide by them and not dispute or take issue with them in any way.

Volunteer Signature

Printed Name

Date