

## ADULT VOLUNTEER APPLICATION

### *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 |
|-----------|------------|-------------|---------------------|

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ Rev. ☐ MD ☐ Ph.D. ☐ Other \_\_\_\_\_ Spouse's name \_\_\_\_\_

#### HOME ADDRESS

|                |                  |
|----------------|------------------|
| Street Address | Apartment Number |
|----------------|------------------|

|      |       |              |
|------|-------|--------------|
| City | State | Zip Code + 4 |
|------|-------|--------------|

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 <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Either |
|--|

|                            |                                |              |        |
|----------------------------|--------------------------------|--------------|--------|
| Home Phone Number<br>(   ) | Business Phone Number<br>(   ) | Fax<br>(   ) | e-mail |
|----------------------------|--------------------------------|--------------|--------|

#### EDUCATION Check all that apply:

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

## ADULT VOLUNTEER APPLICATION

### EMPLOYMENT INFORMATION

|   |                 |
|---|-----------------|
| I am <input type="checkbox"/> Employed<br><input type="checkbox"/> Unemployed<br><input type="checkbox"/> Retired | Occupation      |
|   | Company Name    |
|   | Company Address |
|   | Company Phone   |

☐ 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"/> | 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 |

#### Therapies

|                          |                          |                        |
|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Aquatic Therapy        |
| <input type="checkbox"/> | <input type="checkbox"/> | Occupational Therapy   |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical Therapy       |
| <input type="checkbox"/> | <input type="checkbox"/> | Therapeutic Recreation |

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 |

#### Other

|                          |                          |                                 |
|--------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Gift Shop Cashier               |
| <input type="checkbox"/> | <input type="checkbox"/> | Greeter/Lobby Information Desks |
| <input type="checkbox"/> | <input type="checkbox"/> | Health Care Resource Center     |

## ADULT VOLUNTEER APPLICATION

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

|           |            |              |
|-----------|------------|--------------|
| 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 |
|------|-------|----------|

|           |            |              |
|-----------|------------|--------------|
| Last Name | First Name | Relationship |
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| Street Address | Apartment Number | Phone Number |
|----------------|------------------|--------------|

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

EMERGENCY CONTACTS: In the event of an emergency, please notify:

Primary Contact

|      |                   |
|------|-------------------|
| Name | Home Phone Number |
|------|-------------------|

|              |                            |
|--------------|----------------------------|
| Relationship | Business/Cell Phone Number |
|--------------|----------------------------|

Secondary Contact

|      |                   |
|------|-------------------|
| Name | Home Phone Number |
|------|-------------------|

|              |                            |
|--------------|----------------------------|
| Relationship | Business/Cell Phone Number |
|--------------|----------------------------|

## ADULT VOLUNTEER APPLICATION

PERSONAL INFORMATION: (OPTIONAL - for statistical purposes only).

|                                     |
|-------------------------------------|
| Date of Birth                       |
| Month: _____ Day: _____ Year: _____ |

|   |   |   |   |
|---|---|---|---|
| <b>Gender</b><br><input type="checkbox"/> Female<br><input type="checkbox"/> Male | <b>Marital Status</b><br><input type="checkbox"/> Married<br><input type="checkbox"/> Single<br><input type="checkbox"/> Divorced<br><input type="checkbox"/> Widowed | <b>Race</b><br><input type="checkbox"/> African-American<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Caucasian<br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Mixed Race<br><input type="checkbox"/> Native American<br><input type="checkbox"/> Other: _____ | <b>Physically Challenged</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|---|---|---|---|

***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.

## ADULT VOLUNTEER APPLICATION

6. I hereby authorize DRAKE Center, 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.**