



Stark County Board of
Developmental Disabilities

Volunteer Packet

Volunteers, interns, and practicum students are a valued part of the programs for people with developmental disabilities. Volunteers are encouraged to add their talents, expertise, and assistance to program staff by providing the extra personal touch, which is very important to our individuals.

1. Minimum requirements:
 - At least 18 years of age.
 - Acceptable background investigation. May be subject to background checks, drug screenings, or investigative reports.
 - If a volunteer was charged with a criminal offense, he/she must disclose this.
 - Disclosure of physical limitations.

2. Complete requirements:
 - Volunteer Application
 - Volunteer Agreement
 - Volunteer Liability Release Form
 - Authorization to Release – Employer Reference
 - Authorization to Release – Personal Reference
 - Confidentiality Agreement

Send above requirements (application, agreements, and forms) to SCBDD Communications Manager Lisa Parramore at 2950 Whipple Avenue, NW Canton, Ohio 44708 or scan and email to ParramoreL@starkdd.org.

3. Interview by department representative

4. Complete Forms:
 - Agency Liability Release Form
 - Upon placement, volunteers will receive an Assignment Summary

5. Attend Volunteer Orientation

6. Train within the department where volunteering

During the Volunteer experience, the volunteer, practicum student, or intern must keep an up-to-date time sheet (provided by SCBDD).

During and after the Volunteer experience, the volunteer, practicum student, or intern is evaluated on his/her performance by his/her supervisor.

If a volunteer is only volunteering his/her time for a one-time special event, there is a “One-Day Event Volunteer Form”, which is required before the event.

Any previous volunteer experience? YES NO If so, in what capacity? _____

List any special skills/interest that would contribute to your work as a volunteer...

Preferred volunteer work location:

- Early Childhood programs: SCBDD Preschool/Taft Elementary or Eastgate Early Childhood Center (circle one)
- School Age programs: Warstler Elementary or Southgate School (circle one)
- Lester Higgins Adult Center
- Whipple-Dale Adult Centre
- West Stark Adult Center
- Service Support Administration/North Place (by pre-approval only)

Please check the days you are available and fill in the times during those days.

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- Saturday _____
- Sunday _____

The Stark County Board of Developmental Disabilities requires that all new volunteers undergo fingerprinting and background checks. Your signature below indicates your acknowledgement of us to perform a criminal background check. All references will be contacted. Stark DD is not obligated to provide a volunteer placement, nor are you obligated to accept a volunteer position offered.

Donation of your time or services to the organization in no way assures you future compensation or employment. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.

By signing below, you confirm that the above information is accurate and correct to the best of your knowledge.

SIGNATURE _____ DATE _____



Volunteer Agreement

If accepted into the volunteer program, I agree to:

- Respect and observe at all times the rights of individuals served by the Board of Developmental Disabilities
- Hold as absolutely confidential all information that I may obtain directly or indirectly concerning clients and staff
- Become familiar with the organization's policies and procedures and upholds its philosophy and standards
- Donate my services to the organization without contemplation of compensation or future employment
- Be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others and endeavor to make my work professional in quality
- Maintain a well-groomed appearance during my volunteer time.
- Attend orientation and in-service training, as scheduled
- Carry out assignments listed on the Job Summary and seek the assistance of the job supervisor when necessary
- Take any problems, criticism or suggestions to my service area supervisor or to the Communications Manager
- Work a specific number of hours on a schedule acceptable to the organization and me
- Be responsible for maintaining a record of the hours I serve, by signing in and out as directed
- Notify the site and the Communications Manager if unable to work as scheduled
- I understand that the Communications Department reserves the right to terminate my volunteer status as a result of
 - (a) failure to comply with organizational policies, rules and regulations;
 - (b) absences without prior notification;
 - (c) unsatisfactory attitude, work or appearance, or
 - (d) any other circumstances which, in judgment of the department director, would make my continued service as a volunteer contrary to the best interests of the organization.

As an agency, the Stark County Board of Developmental Disabilities Services is responsible for the following:

1. To provide the volunteer intern and practicum student, with a general orientation to the agency and specific training for the placement.
2. To provide the volunteer, intern and practicum student with duties and responsibilities that match their interests, skills and experience.
3. To provide supervision and periodic evaluation of the work performance.
4. To respond to expressed concerns in a timely manner.
5. To document and recognize the involvement with the agency, and to provide references when requested.

I give the Stark County Board of Developmental Disabilities Services permission to use photographs of me for educational and publicity purposes, including illustrations, publications and news media.

I have read each of the above conditions and I agree to be bound by them.

Volunteer's Signature: _____ Date: _____

Communications Department
Signature: _____ Date: _____



Volunteer Liability Release Form

I, (name of volunteer) understand that the Stark County Board of DD will not assume responsibility for any liability arising out of my negligence or intentionally wrongful acts or omissions. I agree to release, indemnify and hold harmless the Board, consumers, and their families, staff members, or other volunteers from any liabilities, claims or injuries arising out of my negligence or intentionally wrongful acts or omissions.

Signature of Volunteer

Department Director or Designee

Date

Date

Your answers to the attached questions will be greatly appreciated. A return envelope is enclosed for your convenience. Feel free to contact me at 330-479-3934 if you have any questions. Thank you very much for your assistance in this process.

Sincerely,

Lisa Parramore
Communications Manager



***Volunteer, Intern and Practicum Student Reference Form
(Employer or Educational Supervisor)***

Applicant's Name: _____

Position: _____

Please rate the applicant in the following areas by circling the appropriate number.

	Poor		Average		Excellent
Attendance	1	2	3	4	5
Dependability/reliability	1	2	3	4	5
Ability to follow instructions	1	2	3	4	5
Responsiveness to supervision	1	2	3	4	5
Compatibility	1	2	3	4	5

Position held: _____

Dates of employment: _____

Reason for separation: _____

Would you rehire? ___ Why? _____

Is there anything you are aware of concerning this individual's personality, character or past actions which would pose a risk to our consumers or agency? ___ yes ___ no
If yes, please explain below:

Signature/Title: _____ Date: _____



Authorization to Release-Personal Reference

I have applied for a volunteer position with the Stark County Board of Developmental Disabilities. I hereby authorize you to provide a reference for me.

Name Date

Reference Name: _____ Date: _____

Address _____

City, State, Zip _____

The person named above has applied for a volunteer position with our program and has given us permission to contact you as a personal reference.

Volunteers with our program provide either direct services to adults and children with disabilities or indirect supportive services.

Your answers to the attached questions will be greatly appreciated. A return envelope is enclosed for your convenience. Feel free to contact me at 330-479-3934 if you have any questions. Thank you very much for your assistance in this process.

Sincerely,

Lisa Parramorel
Communications Manager



***Reference Form
(Personal)***

Applicant's Name: _____

Position: _____

Please rate the applicant in the following areas by circling the appropriate number.

	Poor	Average			Excellent
	1	2	3	4	5
Dependability/reliability	1	2	3	4	5
Emotional maturity	1	2	3	4	5
Common sense	1	2	3	4	5
Adaptability to many situations	1	2	3	4	5
Self-confidence	1	2	3	4	5
Pleasant personality	1	2	3	4	5

Capacity in which you know the applicant: _____

How long have you known the applicant? _____

Your general appraisal of the applicant: _____

Is there anything you are aware of concerning this individual's personality, character or past actions which would pose a risk to our consumers or agency? ____ yes ____ no

If yes, please explain below: _____

Signature: _____ Date: _____



CONFIDENTIALITY STATEMENT

I, _____ (please print) represent the Stark County Board of Developmental Disabilities (SCBDD) in the following capacity:

VOLUNTEER

COMMITTEE MEMBER
explain: _____

OTHER
explain: _____

As such, I understand and agree that I must hold in strictest confidence any information, including Protected Health Information (PHI) that I may obtain as a result of my above-described service with the SCBDD from such sources as observations, interactions with clients, staff and other volunteers or committee members. I pledge to at all times preserve the privacy and confidentiality of any acquired knowledge that I may gain of any and all aspects regarding individuals served by SCBDD and/or their families and staff of SCBDD. To that end, I agree to limit my use and disclosure of such information to the minimum amount that is necessary for me to complete my services or needed to perform my duties for the SCBDD.

I agree to adhere to restrictions placed on the use and disclosure of PHI by state and federal laws, in addition to SCBDD Policies. This includes a strict prohibition from copying written information, inappropriately disclosing information in any form supplied to me, and maintaining the safekeeping/security of any information supplied to me.

Signature _____

Date _____

Witness
Signature _____

Date _____



Agency Liability Release Form

Name: _____

In consideration of my willingness to serve as a volunteer, intern or practicum student, I,
_____ understand that the Stark County Board of
DD will not assume responsibility for any liability arising out of my willful neglect or
intentionally wrongful acts. I agree to release, indemnify and hold harmless the Board,
consumers and their families, staff members, or other volunteers from any liabilities, claims or
injuries arising out of my wrongful acts or negligence.

Department Director or Designee

Date



Assignment Summary
Volunteers, Interns and Practicum Students

Name: _____

Position Title: _____ Date: _____

Location: _____

Reports To: _____

Phone number or email: _____

Purpose of Assignment:

Qualifications Needed:

Duties and Responsibilities:

Limitations:

Training and Support:

Results Expected/Evaluation:

Time Commitment:

Transportation Considerations:

Benefits:

I acknowledge that this Volunteer, Intern and Practicum Student Assignment Summary has been reviewed with me.

Volunteer/Student Signature

Date



Stark County Board of
Developmental Disabilities

Time Sheet

Check one: Volunteer Practicum Student / Intern

Name: _____

Month/Year: _____

Position: _____

Location: _____

Date	Time In	Time Out	Total Time	Summary of Activities	Comments/Suggestions

Total for Month: _____

Signature: _____



Stark County Board of
Developmental Disabilities

Volunteer, Intern and Practicum Student Performance Evaluation

Name : _____ Position: _____

Location: _____ Date: _____

Work Performance	Exceeds Expectations	Meets Expectations	Needs Improvement
Ability to do assigned task			
Follows instructions			
Recognizes and reports problems			
Interacts appropriately with clients/students			
Demonstrates initiative			
Job Relationships	Exceeds Expectations	Meets Expectations	Needs Improvement
with staff			
with supervisors			
with clients/students			
Attitude towards job	Exceeds Expectations	Meets Expectations	Needs Improvement
Attendance			
Punctuality			
Notifies site when absent			

Comments: _____

Evaluated by: _____

Name and title

Signature

Date

Communications Manager or Designee-

Date