



For Office Use Only:

- ___ Date received
- ___ Complete
- ___ Computer
- ___ Sent Accept
- ___ Incomplete
- ___ Childcare forms req'd
- Assign.: _____

2010 Volunteer Application

Please check one:

- ___ New Volunteer
- ___ Returning Volunteer

Current Program Interest: Please check:

- ___ Respite Weekends at Camp Allyn (Fall through Spring)
- ___ Seasonal Grounds Work Fall or Spring
- ___ Aquatics Program volunteer (work with program participants Monday through Friday)
- ___ Adults or young children* in program areas Monday through Friday 9 a.m.-3p.m.
- ___ Group activity (School, Church Group, Service Organization, etc.)
- ___ Saturday Kids' Club (Fall through Spring) 9a.m.-3p.m.

* Volunteers working with children may be required to fill out additional paperwork

Please notify me about **Summer 2010 Opportunities:**

- ___ Day Camp Stepping Stone - Given Road
- ___ Camp Allyn - Batavia

Please read carefully, print clearly and fill out completely:

Name: _____ Age: _____

Last

First

Birthdate ____/____/____ E-mail address: _____

Address: _____ Zip: _____

Street

City

State

Home Phone: _____ Cell Phone: _____

Parent/Closest relative: _____

Work phone _____ Cell phone _____

Employer: _____ Work Phone _____

(If applicable)

If student, name of school _____

Grade completed as of June 2010

--- A recent Photo of the volunteer applicant MUST be attached to this application!

Have you worked with persons with disabilities? If so, please explain how/where _____

Why are you interested in volunteering at Stepping Stones?

How did you find out about Stepping Stones Center?

- Friend School Church
 Internet Other _____

List Volunteer Experience: _____

Qualities that best describe you: (select those that apply)

- Creative Highly Energetic Team Player Adventurous
 Calm Detail Oriented Athletic Organized
 Good with Kids Make Friends Easily

Have you ever been charged with or convicted of a crime? ____ Yes ____ No

If yes, please explain _____

Complete form page 1 thru 6 and mail with 2 references to:

**Stepping Stones Center - Attn: Volunteer Coordinator
5650 Given Road - Cincinnati, Ohio 45243**

References **MUST** be mailed with application. Individuals wishing to volunteer in programs with children may be asked to fill out additional paperwork as required by state law.

No one shall be denied opportunities based on race, color, national origin, religion, sex, disability, or age.

GENERAL RELEASE: *(In order to volunteer in any Stepping Stones Center program, the following release must be signed by a parent, guardian or the volunteer, if over 18 years of age.)*

In consideration of the acceptance of _____ (Applicant's Name) for any volunteer opportunity provided by Stepping Stones Center, Allyn Services, or Camp Allyn, the undersigned hereby assumes complete and sole responsibility for any injury to person or death or damage to property sustained or incurred by the applicant arising out of and/or relating to any activity including, but not limited to, (the word activity is defined as any activity that takes place at any Stepping Stones or Camp Allyn Programs), transportation to and from Stepping Stones, Camp Allyn or Special Programs, transportation to and from all field trips and participation in any of the above contemplated services. The undersigned agrees to allow the applicant to participate in field trips and in travel involved as a part of Stepping Stones and Allyn volunteer programs.

The undersigned, for himself/herself or as a parent and legal guardian hereby releases, acquits and forever discharges any activity including but not limited to, transportation to Stepping Stones Center, Rotary Club of Cincinnati, any agency with which any of these organizations may be affiliated, their officers, employees, trustees, volunteers, agents and any members of each of them, from and against any and all damages, liabilities, causes of action or injuries, or obligations of any nature whatsoever, past, present or future, known or unknown, arising out of or in any way relating any activity including, but not limited to transportation to and from any Stepping Stones, Camp Allyn or Special Programs. It is my further intention to release the aforementioned individuals from any and all claims of whatever nature, whether caused by or in any way contributed to by the negligence of any of the aforementioned organizations.

Stepping Stones and Allyn Services reserves the right to exclude any volunteer that may pose a risk of harm. Program Administration will consider behavior, health and safety and potential risk before recommending exclusion. In further consideration of acceptance, I further agree to defend, indemnify and hold harmless Stepping Stones Center, Rotary Club of Cincinnati and any agency with which any of these organizations may be affiliated, their officers, employees, trustees, volunteers, agents and any members of each of them, from and against any and all claims, demands, actions, causes of action or injuries, or obligations of any nature whatsoever, arising out of or in any way related to any activity including, but not limited to transportation to and from Stepping Stones, Camp Allyn or Special Programs, transportation to and from all field trips and participation in any of the above contemplated services.

_____ Date _____ Signature (parent, legal guardian, or volunteer, if over 18 years of age)

CONFIDENTIALITY: Including Social Network sites (Internet, Facebook, Twitter, Utube, etc.)

I promise to respect the privacy of clients and will not disclose client confidences, except as demanded by law or to prevent a clear and immediate danger to one or more person. Upon leaving Stepping Stones, I will maintain client confidentiality and shall keep confidential information about sensitive situations within Stepping Stones Center.

Volunteer Signature _____ Date _____

PHOTO RELEASE:

I Do ____ I Do Not ____ consent to and authorize the use and reproduction by Stepping Stones Center of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Volunteer Signature _____ Date _____

WAIVER:

By signing this waiver, I expressly authorize Stepping Stones Center, its agents or employees, to furnish any prospective employer with information regarding my volunteer service with the Agency including, but not limited to, my work record, job qualifications, and job performance.

Volunteer Signature _____ Date _____

After completing this application attach references, medical information and mail to:
Stepping Stones Center, Volunteer Coordinator, 5650 Given Road, Cincinnati, OHIO 45243



Volunteer Medical Information

Please (1) read carefully, (2) print clearly and (3) fill out completely:

1) Name of Volunteer Applicant _____
Last First

2) In case of emergency, please notify:

(A.) Name: _____ Phone: Home (____)_____-_____
Work (____)_____-_____
Cell (____)_____-_____

Relationship to Volunteer: _____

(B.) Name: _____ Phone: Home (____)_____-_____
Work (____)_____-_____
Cell (____)_____-_____

Relationship to Volunteer: _____

3.) Medical Insurance carried with:

Name of Company

Policy #

4.) Do you have any physical/medical limitations or any special needs? If yes, please explain.

5.) Are you on any regular prescription or over-the-counter medication? ___Yes ___No
 If yes, please list medications on next page

6.) Will medication be required while volunteering at Stepping Stones? ___Yes ___No

If yes, medication **MUST** be given to the nurse at Stepping Stones Center in a prescription bottle with original label which includes name, dosage and time to be given. The nurse **MUST** have doctor's orders to dispense ALL medication including inhalers and epi-pens.

7.) The majority of time during summer camps is spent outdoors in the elements (i.e. hot, humid weather, rain, etc) List any issues that the applicant might have in these circumstances.

Volunteer Medical Information *(continued)*

A physician's order is NOT required for self-administration of diabetic insulin and BS V's.

All medication will be given by the nurse. Please indicate current medication schedule. Nurse MUST have written doctor's orders to give ANY medication. Name of Medication(s): _____

Dosage(s): _____ Time(s) to be given: _____

Allergies: medication _____, Food _____,

Other _____

8.) Please indicate which "over the counter" medications are permitted to be given by our nurse, according to label instructions for age/weight, if needed.

- | | |
|--|--------------|
| Tylenol/(Acetaminophen)/ Headaches, Pain..... | ___YES ___NO |
| Advil/ (Ibuprofen)/ Headache, Cramps, Pain..... | ___YES ___NO |
| Benadryl/ (Diphenhydramine)/ Allergy Symptoms..... | ___YES ___NO |
| Calamine + Benadryl/ Bites, Poison Ivy..... | ___YES ___NO |
| Maalox Plus/Upset Stomach..... | ___YES ___NO |
| Solarcaine/Sunburn..... | ___YES ___NO |
| Swim Ear/Water in Ears..... | ___YES ___NO |
| Murine/ Reddened Eyes..... | ___YES ___NO |
| Rhuligel/Bites, Poison Ivy..... | ___YES ___NO |
| Lozenges/(Cepacol) Sore Throat..... | ___YES ___NO |
| 1% Hydrocortisone Cream/ Poison Ivy..... | ___YES ___NO |
| Expectorant/ Cough..... | ___YES ___NO |
| Polysporin/ Cuts/Scrapes..... | ___YES ___NO |

Signature (parent, guardian or volunteer if 18 years of age)

Date

(continued)



Emergency Medical Treatment Release

*(Volunteers or their guardian **MUST** sign one of the releases below)*

In the event that emergency medical aid/treatment is required due to illness or injury during the process of providing volunteer services, or while being on Stepping Stones' property, I authorize Stepping Stones Center to:

1. Secure and retain medical treatment and transportation necessary
2. Release information upon request from the individual/agency involved in the emergency medical treatment.

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be involved if the person designated is unable to be reached.

Signature of Volunteer if over 18, or legal guardian Date

Insurance Carrier _____

Policy holder name and ID number _____

Non-Consent Plan

I do not give consent for emergency medical aid/treatment in the case of injury or illness while providing volunteer services or while on Stepping Stones property. I wish the following to take place _____

Signature of Volunteer if over 18, or legal guardian Date



VOLUNTEER REFERENCE (1)

Volunteers accepted with Stepping Stones Center must submit **TWO** references from persons - **other than relatives** - who can speak for the applicant's suitability to assist children and/or adults with disabilities.

Name of volunteer applicant _____

- 1. How long have you known the applicant? _____
- 2. What is the nature of your association with the applicant? (friend, neighbor, employer, etc.) _____
- 3. In your opinion, is this person suitable for volunteer work in a facility that serves children and adults with disabilities? _____
- 4. To the best of your knowledge, has this person ever been convicted of or pled guilty to abuse or any violent crime?
____ Yes ____ No

5. What can you tell us about the applicant that would help us know this person better?

6. In what ways do you think this applicant can make a contribution to Stepping Stones Center?

Signature

Date

Address

Phone #

Note - volunteer references must be turned in with the completed Volunteer Application packet. The application will **NOT** be considered to be complete until **ALL** references have been received in the Volunteer office. The Volunteer Applicant is responsible for making sure all references are turned in.



VOLUNTEER REFERENCE (2)

Volunteers accepted with Stepping Stones Center must submit **TWO** references from persons - **other than relatives**- who can speak for the applicant's suitability to assist children and/or adults with disabilities.

Name of volunteer applicant _____

1. How long have you known the applicant? _____

2. What is the nature of your association with the applicant? (friend, neighbor, employer, etc.) _____

3. In your opinion, is this person suitable for volunteer work in a facility that serves children and adults with disabilities? _____

4. To the best of your knowledge, has this person ever been convicted of or pled guilty to abuse or any violent crime?
____ Yes ____ No

5. What can you tell us about the applicant that would help us know this person better?

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Signature

Date

Address

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