



Providing quality residential services to persons with developmental disabilities, creating for them a supportive and challenging environment and the opportunity to develop skills essential to functioning as members of the community.

Volunteer Application and Agreement Form

Last Name: _____ First Name: _____ Date: _____

*Name of Parent or

Guardian if under 18 years: _____

*If volunteer is under 18 years, the parent or guardian must also complete a volunteer application and agreement form.

Address: _____

Tele: (H); _____ (C) _____

EMAIL: _____

Company or Volunteer Group Name: _____

Date of Birth: _____ Driver's License No. _____

Emergency

Contact: _____

(Name)

(Tele.No.; Indicate Home, Work or Cell)

(Relationship)

Do you have any friends/family members who are employed or volunteer here? Yes No

When are you available to volunteer (specify hours of availability)?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____ Holidays only _____

Types of volunteer work you think you'd be most comfortable with:

Helping with a group activity Special Events Other

Working one on one Spring/Fall clean up

List Your Past Volunteer Experiences:

Organization: _____ Duties: _____ Mo./Yr. to Mo./Yr. _____

Organization: _____ Duties: _____ Mo./Yr. to Mo./Yr. _____

Have you ever been adjudged civilly or criminally liable for abuse of an individual with disabilities? No Yes ; Have you been convicted of a crime? No Yes If yes, please describe:

BACKGROUND CHECK: EGH requires volunteers working with individual consumers to submit to a background check. Criminal conviction does not necessarily bar an applicant from volunteering. The nature of the offense will be taken into consideration before a decision is made. There is no fee on the part of the volunteer for the background check. Screening must be completed before volunteers begin working with consumers.

_____ I agree to have a background check.

REFERENCES: List two people, not related to you who have knowledge of your qualifications.

Name: _____ Mailing Address: _____

Tele. No.: _____

Name: _____ Mailing Address: _____

Tele. No.: _____

_____ I need the following accommodation(s) to work as a volunteer: _____

As a volunteer for EGH, Inc., I agree to abide by all applicable rules and regulations of the agency. I understand that I will receive no monetary benefits in return for my volunteer service and that EGH may terminate this agreement at any time without prior notice for any reason. I hereby authorize EGH to check my references, and I understand that a criminal background check is required.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the on site manager and on site orientation to perform my volunteer role.

I hereby Release and Waive liability against EGH, Inc., a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for EGH. Further, I agree that EGH, Inc., is not liable for any damage to my property or my dependent's property resulting from volunteer work for EGH. I agree that this release is as broad and inclusive as permitted by the laws of the State of Minnesota.

Volunteer Signature: _____ **Date:** _____