



Adult Guardianship Services of
Summit County, Inc.
1867 W Market Street
Akron, OH 44313
330-926-5748

VOLUNTEER APPLICATION

Name _____ DOB _____

Address _____

Phone _____

Email _____

EMPLOYMENT HISTORY

Employer	Position	Dates (To/From)
----------	----------	-----------------

1. _____

2. _____

3. _____

VOLUNTEER HISTORY

Organization	Position	Dates (To/From)
--------------	----------	-----------------

1. _____

2. _____

EMERGENCY CONTACT

Name _____

Relationship _____ Phone _____

Address _____

REFERENCES

Name _____ Known how long? _____

Relationship _____ Phone _____

Address _____

Name _____ Known how long? _____

Relationship _____ Phone _____

Address _____

Please list any languages you speak in addition to English. Also, note if you are skilled in sign language for communicating with the hearing impaired.

Please describe any personal or professional experience you have working with mentally impaired adults or agencies serving them.

Have you ever been charged with or convicted of a crime? (Even if dismissed or expunged, it will show up on your fingerprint record.)

Yes ___ No ___

If yes, please list charges. _____

Date of arrest(s)/Disposition _____

Have you ever declared bankruptcy? Yes ___ No ___

If yes, please list date(s). _____

Will you commit to a minimum of one year of service to the agency? Yes ___ No ___

How did you hear about the agency? _____

Please tell us, in as much detail as possible, why you are interested in being a volunteer with our program.

I understand that completion of this application does not indicate whether there are any positions currently open and that it does not obligate the agency to extend association on a volunteer basis. All of my responses to the above questions are true and I give permission for my references to be contacted. The above and any further information will be used in determining my suitability as a volunteer with the agency. A copy of this application may be supplied to Probate Court if the court requests it. Otherwise, all information is confidential. My signature on this application does not commit me to volunteering at this time but is completed as a statement of my interest and intent. All individuals will be considered regardless of race, age, color, religion, national origin, gender, or marital status.

Signature _____ Date _____

Please return completed application to:

Adult Guardianship Services of Summit County, Inc.
C/O Christen Varley, Volunteer Coordinator
1867 W. Market Street
Akron, OH 44313

cvarley@adultguardianship.org