



Adult Volunteer Application Form

Interval Brotherhood Home

3445 S. Main St. Akron, OH 44319

Phone 330 644-4095 Fax 330 645-2031

Please Print Clearly. Also complete questionnaire on Back

Name _____ Date _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Work Phone _____ Other Phone _____

Emergency Information	In case of an emergency while you are on property of or in service of IBH, who would we contact?
Name _____	Relationship _____ Home Phone _____
Health Plan _____	Health Plan No. _____ Work Phone _____
Family Physician _____	Office or Emergency Phone _____
Please List any limitations or restrictions to your physical health is this area: _____	

Volunteer Experience: _____

G Employed? Where _____ G Volunteered at IBH Before? When _____

Work Experience : _____

Interests & Skills Identification	G Typing	G Filing	G Phone reception	G Copying
	G Data Entry	G Software Applications	G Mail Handling	
G Speaking	G Writing	G Research/Reporting	G Other _____	
G Driving	G Reading	G Finance	G Music	G Chorus
	G Art	G Gardening		
G Knitting	G Crocheting	G Needlework	G Macrame	G Crafts
	G Sewing			
G Handyman Repairs	G Painting	G Cooking	G Educational Assistance/Tutor	
G Landscaping	G Brick/Mason	G Carpentry	G Construction	G Electric
	G Plumbing			

Education: Highest Level of Education/Degree/Certifications _____

Assignment: Position Desired _____ G Long Term G Short Term

Referral: Referral Source _____ G Required Hours _____

References: How did you hear about IBH's Volunteer Program? _____

Name _____ Phone _____ Known How Long? _____

Name _____ Phone _____ Known How Long? _____

Your signature indicates your approval for us to check references and contact your physician regarding your emotional and physical health. IBH is not obligated to provide a placement, nor are you obligated to accept the position offered. It is understood that the volunteer's personal insurance will cover any injury, loss or damage that occurs as IBH assumes no responsibility for injury or loss by the volunteer during any assignment or work. The volunteer is expected to learn, accept, and follow all rules, safety practices, and policies of the agency at all times.

Signature: _____ Date _____

Name _____

Valid Ohio Driver's License Yes No Certified for CPR Yes No Certified for First Aid Yes No

TB Test Yes No Emergency/Safety Training Yes No Court Required Paperwork Yes No

Describe your familiarity with 12 step programs used to help recovering alcoholics and addicts.

Place an **X** in any block area of day or shift where you would NOT be available to work.Place a Circle on any *day* or *shift* where you would PREFER to work if possible.

Leave blank any day or shift where you are neutral about working or have no preference.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
8:30am-4:30pm							
4:30pm-12:30am							
12:30am-8:30am							

Some Pre-Interview Questions:

- Do you have dependable transportation to and from IBH? Yes No
- Do you have valid health insurance and automobile liability insurance Yes No
- Would your previous employer say you are very dependable? Yes No
- Have you ever been convicted of a felony? Yes No
- Have you ever committed a violent crime against another person? Yes No
- Any emotional, physical, or mental condition which would put you at risk at IBH?

Do not write your answer to this question (6) on this form. This question is for you to reflect upon before submitting your application. IBH has a difficult task of treating alcohol and/or drug addicted clients in a long term residential setting. If accepted for placement, your contact with the clients at IBH may or may not prove difficult or stressful to you. You will be required under Federal Law to keep any contact confidential at all times now and in the future. You should consider these matters carefully before applying or accepting placement. You may wish to discuss this the HR director first.