



VOLUNTEER APPLICATION & REGISTRATION FORM

FACILITY/REGION/OFFICE: _____ DATE: _____

I. PERSONAL BACKGROUND: (PLEASE PRINT)

Name: _____ SS#: _____
Last First Middle

Address: _____
Street

City: _____ State: _____ Zip Code: _____

Email Address: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____
(123) 123-1234 (123) 123-1234 (123) 123-1234

Gender: ☐ Male ☐ Female

Race/Ethnicity that best describes you (Optional) - Please choose only one:

☐ American Indian or Alaskan Native ☐ Asian/Pacific Islander ☐ Black/African American
☐ Hispanic ☐ White/Caucasian ☐ Multiple Ethnicity/Other (Please specify) _____

II. EDUCATION: (Circle highest year completed)

High School: 9 10 11 12 College: 1 2 3 4
Post Grad: 1 2 3 More Highest Degree Obtained: _____

III. BACKGROUND:

Please provide your driver license #: _____ State of Issuance #: _____

Vehicle Year/Make/Model: _____ Plate #: _____

Have you ever been convicted of a misdemeanor or felony offense? Yes _____ No _____ If yes, provide date of conviction: _____

If yes, describe _____

If yes, what was the disposition of your case? _____ Were you incarcerated? Yes _____ No _____

If yes, what dates were you incarcerated? _____ to _____. Total time served Years _____ Months _____

Are you currently on probation or parole? Yes _____ No _____ If yes, when were you released from probation or parole? _____

Please provide any additional explanation or comment:

IV. EMPLOYMENT:

Present Employer _____ Job Title _____

Address _____ City/State _____ Zip Code _____ Phone _____

Previous Employer _____ Job Title _____

Address _____ City/State _____ Zip Code _____ Phone _____

V: RELATED FAMILY IN DYS FACILITIES

List name (s) of any youth currently housed in a DYS facility or on parole status who are related to you. Be sure to include the facility the youth is housed or the county the youth lives in to date.

Youth Name	DYS number	Current Facility	Home County

VI. REFERENCES:

Please provide complete names and addresses, including zip codes, of three (3) people other than employers or relatives who can be contacted for a character/personal reference.

Name	Address	City, State	Zip	Phone	Relationship
1					
2					
3					

VII. VOLUNTEER EXPERIENCE AND INTEREST

Please provide information on any organization you have served/volunteered:

Organization Address City/State Zip Phone Contact Person

Current Volunteer Affiliation: _____
(Name of Church, Ministry, Organizations, etc.)

Area of Volunteer Interest (Please select most appropriate area):

- ☐ Arts & Crafts
 ☐ Education/Tutoring
 ☐ Employment/Job Readiness/Interviewing
☐ Life/Independent Living Skills
 ☐ Mentoring
 ☐ Recreation
 ☐ Reentry Services
☐ Religious Services
 ☐ Vocational/Trade Skills
 ☐ Other (Please specify) _____

Please describe the volunteer service you propose to provide and any stated programmatic goals and measurable outcomes:

TIME AVAILABLE FOR VOLUNTEER WORK OR EXPECTED FREQUENCY YOU PLAN TO SERVE:

Days per week	Hours per week	Days and Hours preferred to work

VIII. PERSON TO CONTACT IN CASE OF EMERGENCY:

Emergency Contact		
Last	First	Middle

Relationship _____

Address	City/State	Zip Code	Phone
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I certify that all the information given by me in this application is true and complete to the best of my knowledge. I understand that I am responsible for the accuracy of this application. **I also understand that a thorough background check is required to determine if my application to volunteer will be approved** which shall include LEADS, fingerprinting, criminal records, and personal reference checks.

Volunteer's Signature _____ Date _____

VOLUNTEER CODE OF ETHICS

The Ohio Department of Youth Services (DYS) is comprised of juvenile justice professionals who believe in the dignity and worth of human beings. DYS requires the highest level of conduct from all of its staff and volunteers. As professionals, we are dedicated to promote the best interests of the citizens of the State of Ohio.

As a volunteer of the Ohio Department of Youth Services, I agree to abide by the following standards of volunteer conduct:

- I shall respect and protect the civil and legal rights of all DYS youth and staff.
- I shall abide by all department policies, particularly those relating to confidentiality and security.
- I shall not unlawfully discriminate against any youth or volunteer on the basis of race, sex, religion, age, handicap, sexual orientation, or national origin.
- I shall not use my position with DYS to secure special privileges or advantages.
- I shall not accept a private fee or any other gift or gratuity for volunteer or professional work from youth, their families, or any agency or person with whom DYS does business, unless I have been given written permission from DYS.
- I shall report to the volunteer coordinator any corrupt or unethical behavior which could affect a youth, a volunteer, or the integrity of DYS.
- I shall serve each youth with the appropriate concern for the youth's welfare while refraining from the use of excessive physical force and shall not engage in any form of illegal or immoral activity with youth.
- I shall promote mutual respect with improvement of services while cultivating cooperation with all elements of the juvenile justice system.
- I shall uphold the law and I will respect and protect the right of the public to be safeguarded from criminal activity.

Site Manager

Volunteer Signature

Date

Volunteer Name (Print)

The Ohio Department of Youth Services has a zero tolerance for the conveyance of drugs, alcohol, and weapons into its correctional institutions. Any such act will constitute a violation of section 2921.36 of the Ohio Revised Code which states in part that No person shall knowingly convey, or attempt to convey, onto the grounds of a detention facility (including facilities, owned and operated by the Ohio Department of Youth Services) any of the following items:

- (1) Any deadly weapon or dangerous ordnance, or any part of or ammunition for use in such deadly weapon or dangerous ordnance;
- (2) Any drug of abuse, as defined in section 3719.011 of the Revised Code;
- (3) Any intoxicating liquor, as defined in section 4301.01 of the Revised Code;
- (5) Cellular telephone, two-way radio, or other electronic communication device usage must be authorized by the Superintendent.

The Ohio Department of Youth Services has the statutory authority to maintain security of its facilities. Therefore, every effort will be made to prosecute, to the fullest extent of the law, any person found to be in violation of this section of the Ohio Revised Code.

I have read or it has been read to me, and I understand the above declaration. I will not bring any weapon, dangerous ordnance, ammunition, drug, intoxicating liquor, cellular telephone, two-way radio, or electronic communication device into the prison.

Signature:

Date:

Name Printed:

Witness:

Date:

Witness Name Printed:

Position:

I have signed this Notice and hereby understand and agree that I may not use or disclose any information concerning Ohio Department of Youth Services (DYS) youth for any purposes unless necessary to my job responsibilities and duties for DYS. I may not divulge any information regarding a DYS youth to anyone who is not a DYS employee unless expressly authorized by DYS Administration, or by court order from a competent jurisdiction. I understand that failure to comply with the provisions of this notice may subject me to discipline up to and including termination.

Employee Name (Printed)

Employee Signature

Date

WAIVER OF LIABILITY

By signing this waiver, I agree to release, relinquish, and waive any and all causes of action against the State of Ohio, the Department of Youth Services, its officers, staff, agents, and assigns and do agree to hold them harmless from any suits, claims, demands, costs, damages, attorney fees, charges, liability and any expenses whatsoever, which I may incur or sustain arising out of or in the consequence of my participation in social, educational, athletic, or any other event or activity sponsored by or occurring on the premises of the Department of Youth Services. I further understand and agree that this release, relinquishment and waiver as a part of the volunteer program also specifically applies to any and all causes of action against the State of Ohio, the Department of Youth Services, its officers, staff agents, and assigns, and I hereby agree to hold them harmless from any suits, claims demands, costs, damages, attorney fees, charges, liability and any expenses whatsoever, which I may incur or sustain arising from or during the course of overnight accommodations provided to me by the State of Ohio, Department of Youth Services, on its premises.

This release is binding on my heirs, executors, assigns and administrators.

This is a voluntary release for any and all future injuries or accidents as a result of my participation in this event. I am aware of the risks of attending, traveling to, and participating in social, educational, athletic, or any other event or activity sponsored by or occurring on the premises of the Ohio Department of Youth Services, and hereby assume all risks. The risks include those foreseen and unforeseen, known and unknown. By signing this waiver, I agree to forever discharge the State of Ohio and the Department of Youth Services from any liability whatsoever due to my participation in the below listed event.

I have read this waiver and agree to the terms of witnessed by my signature below.

Name/Type of Event: _____

Date(s): _____

Participant's Name (printed) _____

Signature of Participant: _____ Date: _____

Witness Signature: _____ Date: _____