



Volunteer Application

Interested in learning more about volunteering? Please return this completed application to our office.

Email info@mdcgoldenrod.org or fax (574) 534-9817

Part 1 – General Information (please use ink and print all information)

Last name: _____ First name: _____ Middle Initial: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (DAY): _____ (EVENING): _____ (CELL): _____

Employer/School/organization: _____ Occupation: _____

Part 2 – Volunteer Interest

Please check all in which you have an interest of volunteering

- Working directly with an MDC community member
- Advocate/Guardian for MDC community member
- MDC Board Member
- Grounds keeping
- Basic Maintenance
- Lawn Mowing
- Snow Removal
- Fundraising
- Outreach
- Spring Cleaning
- Data Entry/Filing
- Event organizing
- Phone Support
- Hosting a meal/event
- Project Promise*
- Chaplin

*Project Promise is a program of MDC Goldenrod that focuses on the spiritual and social growth of MDC Goldenrod community members.

Please list any jobs/experiences working with individuals with developmental/intellectual disabilities:

Please share your hobbies/special interests:

Please indicate your availability: Weekdays Weeknights Weekends

Part 3 – Background Info

Date of Birth (required): _____

Have you ever been convicted of a criminal offense? Yes No

Have you ever been charged with neglect, abuse or assault Yes No

Has your drivers' license ever been suspended or revoked in any state? Yes No

If you answers "Yes" to any of the above questions please attach a written explanation

If you plan to transport MDC Goldenrod community members, drive MDC Goldenrod vehicles or may do so in the future, you must provide driver's license information. If not, please skip to references.

Do you have a valid driver's license? Yes No

Please provide driver's license number: _____ State: _____

References:

Please list two non-family member references below: *(Please list complete address)*

First Name: _____ Last Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone: _____ Email: _____

First Name: _____ Last Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone: _____ Email: _____

I understand that:

- MDC Goldenrod is working to create community with people of all abilities. Therefore as a volunteer I will do my best to respect, support and empower the MDC Goldenrod community members, staff and volunteers with whom I come in contact.
- The information that I have provided may be verified by a background check, a motor vehicle record check, or any other means deemed appropriate. I give my permission to MDC Goldenrod to make inquiries of others concerning my suitability to act as an MDC Goldenrod volunteer.
- The relationship between MDC Goldenrod and volunteers is an “at will” arrangement and this application may be denied or the relationship terminated for any reason by either party.
- In the course of volunteering for MDC Goldenrod, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- I give MDC Goldenrod permission to use my likeness, voice, and words in television, radio or any other format to promote the activities of MDC Goldenrod.
- I affirm that I have read the above and that the information I have given is true and complete.

By your signature below, you hereby authorize us to obtain your background history report and driving record in order to consider you for a volunteer position.

Signature: _____ Date: _____

Social Security Number (required for background history report): _____

Executive Director Verification Signature: _____ Date: _____

Interviewer (print name): _____ Signature: _____

Date: _____