

Ohio School for the Deaf
Volunteer Application



Name _____ Date of Birth _____

Address, City, State, Zip Code _____

Phone # _____ Email _____

Driver's License/State ID# _____ Issuing State _____

Do your child(ren) attend the Ohio School for the Deaf? If yes, give their names and grades.

Please list school and community activities in which you are currently involved. _____

What experience, skills or training do you have that would help you in the volunteer position that you are seeking?

In which department do you wish to serve as a volunteer?

School After-School Tutor Other _____

Which teacher(s) or staff member(s)? _____

Have you ever served as a volunteer in any other school? If yes, where and in what capacity? _____

References:

	Name	Address	Telephone#	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Note: An applicant's prior conviction for any of the following criminal offenses shall result in denial of approval of this application. Have you ever been charged with or convicted of any of the following?

- | | | |
|---|-----|----|
| 1. Child endangerment | Yes | No |
| 2. Any violent felony | Yes | No |
| 3. Any sex-related crime | Yes | No |
| 4. Any crime related to the abuse of a child | Yes | No |
| 5. Use or possession of controlled substances | Yes | No |

I understand that, as a volunteer, I must maintain confidentiality to insure protection of student rights. I certify that the information herein and any accompany documents are true. I understand that falsification herein may result in the denial or termination of my volunteer service. By signing this form, I authorize the Ohio School for the Deaf to verify, obtain copies of records, and gather information pertaining to this volunteer application.

The Ohio School for the Deaf (OSD) does not provide liability insurance coverage to non-district personnel serving as volunteers for OSD. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the School District and to document the volunteer's acknowledgement that they are providing volunteer service at their own risk.

You acknowledge that OSD does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer's unpaid service to OSD.

You agree to assume all risk for death or any loss, injury, illness or damage of any nature or kind arising out of the volunteer's supervised or unsupervised service to the OSD, agree to waive any and all claims against OSD, ODE, the Ohio State Board of Education, its employees, agents, or assigns, for loss due to death, injury, illness or damage of any kind arising out of the volunteer's supervised or unsupervised service to OSD.

Applicant's Signature: _____ Date _____

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(For office use only)

I recommend that _____ serve as a volunteer at the Ohio School
(Name of Volunteer)
for the Deaf for the _____ school year.
(Year)

Superintendent's Signature _____ Date _____