



Riverside  
Developmental  
Disabilities

# Riverside F.A.N.s

(Friends, Allies & Neighbors)

## Volunteer Application

Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**If you are a student fulfilling course requirements, complete this section:**

Name of School \_\_\_\_\_ Year \_\_\_\_\_ Major \_\_\_\_\_

Course Title and Number (if applicable)

\_\_\_\_\_

*(Continued on back)*

## Liability Release

My signature constitutes that my responses are true, that I understand and am in agreement with the policies and procedures of the Miami County Board of Developmental Disabilities (DBA Riverside Developmental Disabilities). I agree to assume all risks associated with volunteering at the Agency and agree to the following:

I, the undersigned, hereby indemnify and hold harmless Miami County Board of Developmental Disabilities (DBA Riverside Developmental Disabilities) and the Miami County Commissioners, their employee, agents, representatives and other volunteers from any and all claims, action, suits, proceedings, costs, expenses, damages and liabilities, including attorney fees, debts, or demands of any kind and nature whatsoever, arising out or connected with my participation in any activities during the time at which I volunteer.

The terms herein shall serve as a release and assumption of the risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under age 18)

\_\_\_\_\_  
Date

## Volunteer Confidentiality Agreement

As a volunteer at Miami County Board of Developmental Disabilities (DBA Riverside Developmental Disabilities) I will be exposed to confidential information. I understand that the only appropriate place to share specific information is with members of Riverside Developmental Disabilities staff.

I recognize that an individual's name and/or any information about him/her and his/her family is also confidential. Therefore, I will not reveal any information that could lead to the identification of the enrollee or family.

I understand that I may not discuss an individual's personal information with my significant other, friends, family, research requests or other volunteers.

I understand that a breach of confidentiality may be sufficient reason for termination as a volunteer.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under age 18)

\_\_\_\_\_  
Date

## Background Check Authorization (if age 18 or older)

Have you ever been convicted of a felony? \_\_\_\_\_ yes \_\_\_\_\_ no

I authorize Miami County Board of Developmental Disabilities (DBA Riverside Developmental Disabilities), to solicit a national felony background check. I understand that this background check includes convictions of child abuse, neglect, molestation or any other sexual crime. I also understand that this does not include my credit history, any misdemeanors, driving record, or felonies older than seven years and that I am not supplying my social security number. I agree to supply my social security number only in the event of a questionable item on my background check in order that a more detailed check be made and my background clarified. I fully understand that personal information will be held confidential by the Riverside staff.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

***Thank you for your interest in becoming a Riverside FAN!***

**Please return completed form to Krista Smith, Community Relations Specialist.**

**Upon receipt of this form, you will be contacted to discuss areas of interest and any necessary background check procedures.**