



Riverside F.A.N.S.
(Friends, Allies & Neighbors)
Volunteer Application

Thank you for your interest in becoming a Riverside FAN!

Please complete this form and return to Brittany Ulman, Communications & Volunteer Coordinator.
She will follow up with you to discuss areas of interest, availability and any necessary background check procedures.

Contact Information:

First Name: _____ Last Name: _____ Birth Date: _____

Address: _____

Email: _____ Phone: _____ ☐ Cell ☐ Home

Emergency Contact: _____ Relationship: _____ Phone: _____

About You – If a returning volunteer, you are not required to complete this section:

Past volunteer experience:

Why do you want to volunteer with Riverside?

How would you like to help Riverside and those we serve?

What are your hobbies, interests and skills?

What is your availability?

Education – If you are a student fulfilling course/graduation requirements, please complete this section:

School: _____ Year: _____

Course Title and Number (if applicable): _____

(Continued on back)

Liability Release

My signature constitutes my responses are true and that I understand and am in agreement with the policies and procedures of the Miami County Board of Developmental Disabilities (Riverside). 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 the Miami County Board of Developmental Disabilities (Riverside) and the Miami County Commissioners, their employees, agents, representatives and other volunteers from any and all claims, actions, suits, proceedings, costs, expenses, damages and liabilities including attorney fees, debts or demands of any kind and nature whatsoever, arising out of 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, assignee 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 the Miami County Board of Developmental Disabilities (Riverside), I will be exposed to confidential information and understand that the only appropriate place to share specific information is with Riverside staff.

I recognize 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 not lead to the identification of the enrollee or family. I understand I may not discuss an individual's personal information with my significant other, friends, family, volunteers or as part of a research request. I understand a breach of confidentiality may be sufficient reason for my termination as a volunteer.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature (if under age 18): _____ Date: _____

Background Check Authorization – If over age of 18 and/or volunteering more than 40 hours in one calendar year.

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, please explain: _____

I authorize the Miami County Board of Developmental Disabilities (Riverside) to solicit a national felony background check. I understand this background check includes convictions of child abuse, neglect, molestation, and any other sexual crime. I also understand this does not include my credit history, any misdemeanors, my 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 Riverside staff.

If I am formally charged with, am convicted of, or plead guilty to any of the offenses listed or described in divisions (A)(3)(a) to (A)(3)(e) of Section 109.572 of the Revised Code (attached), I agree to notify the county board within fourteen (14) calendar days. Failure to make this notification period may result in my termination as a volunteer.

Volunteer Signature: _____ Date: _____