



Volunteer Application

Thank you for your interest in becoming a Volunteer!

Please complete this form and return to us at volunteer@miamicountydd.org or mail to the address below. We 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: _____

Full Address: _____ T-shirt size: _____

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: _____

What is your availability? _____

Which of the following activities or tasks interest you? Please select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Event Assistant (set/clean up, serving food, etc.) |
| <input type="checkbox"/> Community Buddy | <input type="checkbox"/> Special Olympics programs |
| <input type="checkbox"/> Community Connections Activities | <input type="checkbox"/> Tutor/Instructor |

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

School: _____ Year: _____

Course Title and Number (if applicable): _____

Background Checks

If over 18 years old: For BCI or FBI background check, Rapback and ARCS registries, and/or Driver's Abstract (if necessary) Please provide a color copy or scan of your Driver's license and Social Security card

Can you provide proof of automobile insurance? ☐ Yes ☐ No If no, please explain: _____

Have you lived in a state other than Ohio in the last 5 years? ☐ Yes ☐ No If yes, which state(s)? _____

(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 (MCBDD). 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 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 of the Miami County Board of Developmental Disabilities (MCBDD), I will be exposed to confidential information and understand that the only appropriate place to share specific information is with MCBDD 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 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)

Please read the following Attestation Form and fill out final page for completion of this application.

Attestation Form – Volunteers

BCI

OAC 5123-2-02 requires that a person under final consideration for employment undergo criminal records check by the Ohio Attorney General’s Bureau of Criminal Identification (BCI). As an organization, we have determined that our volunteers will be held to this same standard. There are five tiers of disqualifying offenses with corresponding time periods that preclude a volunteer from volunteering at MCBDD. The tiers are as follows:

1. Tier One: Permanent Exclusion
2. Tier Two: Ten-Year Exclusion
3. Tier Three: Seven-Year Exclusion
4. Tier Four: Five-Year Exclusion
5. Tier Five: No Exclusion

FIVE TIERS OF DISQUALIFYING OFFENSES

Tier 1 Disqualifying Offenses (Permanent Exclusion)

- | | |
|----------|--|
| 2903.01 | Aggravated Murder |
| 2903.02 | Murder |
| 2903.03 | Voluntary Manslaughter |
| 2903.11 | Felonious Assault |
| 2903.15 | Permitting Child Abuse |
| 2903.16 | Failing to Provide for a Functionally Impaired Person |
| 2903.34 | Patient Abuse and Neglect |
| 2903.341 | Patient Endangerment |
| 2905.01 | Kidnapping |
| 2905.02 | Abduction |
| 2905.32 | Human Trafficking |
| 2905.33 | Unlawful Conduct with Respect to Documents |
| 2907.02 | Rape |
| 2907.03 | Sexual Battery |
| 2907.04 | Unlawful Sexual Conduct with a minor, formerly corruption of a minor |
| 2907.05 | Gross Sexual Imposition |
| 2907.06 | Sexual Imposition |
| 2907.07 | Importuning |
| 2907.08 | Voyeurism |
| 2907.12 | Felonious Sexual Penetration |

- 2907.31 Disseminating Matter Harmful to Juveniles
- 2907.32 Pandering Obscenity
- 2907.321 Pandering Obscenity Involving a Minor
- 2907.322 Pandering Sexually Oriented Matter Involving a Minor
- 2907.323 Illegal Use of Minor in Nudity-Oriented Material or Performance
- 2909.22 Soliciting/Providing Support for Act of Terrorism
- 2909.23 Making Terrorist Threat
- 2909.24 Terrorism
- 2913.40 Medicaid Fraud
- 2923.01 Conspiracy when the Underlying Offense is any of the offenses or violations on this list
- 2923.02 Attempt when the Underlying Offense is any of the offenses or violations on this list
- 2923.03 Complicity when the Underlying Offense is any of the offenses or violations on this list
- A conviction related to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct involving a federal or state-funded program, excluding the disqualifying offenses set forth in section 2913.46 of the Revised Code (illegal use of supplemental nutrition assistance program [SNAP] or women, infants, and children [WIC] program benefits).
- A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

Tier 2 Disqualifying Offenses (Ten-Year Exclusion)

- 2903.04 Involuntary Manslaughter
- 2903.041 Reckless Homicide
- 2905.04 Child Stealing as it existed prior to July 1, 1996
- 2905.05 Criminal Child Enticement
- 2905.11 Extortion
- 2907.21 Compelling Prostitution
- 2907.22 Promoting Prostitution
- 2907.23 Enticement or Solicitation to patronize a prostitute, procurement of a prostitute for another
- 2909.02 Aggravated Arson
- 2909.03 Arson
- 2911.01 Aggravated Robbery
- 2911.11 Aggravated Burglary
- 2913.46 Illegal Use of Supplemental Nutrition Assistance Program [SNAP] or women, infants, and children [WIC] program benefits
- 2913.48 Workers' Compensation Fraud
- 2913.49 Identity Fraud
- 2917.02 Aggravated Riot
- 2923.01 Conspiracy when the underlying offense is any of the offenses or violations on this list
- 2923.02 Attempt when the underlying offense is any of the offenses or violations on this list
- 2923.03 Complicity when the underlying offense is any of the offenses or violations on this list

2923.12	Carrying Concealed Weapon
2923.122	Illegal Conveyance or Possession of Deadly Weapon or dangerous ordnance in a school safety zone, illegal possession of an object indistinguishable from a firearm in a school safety zone)
2923.123	Illegal Conveyance, Possession, or Control of Deadly Weapon or dangerous ordnance into courthouse
2923.13	Having Weapons While Under Disability
2923.161	Improperly Discharging a Firearm at or into a Habitation or School
2923.162	Discharge of Firearm on or near Prohibited Premises
2923.21	Improperly Furnishing Firearms to Minor
2923.32	Engaging in Pattern of Corrupt Activity
2923.42	Participating in Criminal Gang
2925.02	Corrupting Another with Drugs
2925.03	Trafficking in Drugs
2925.04	Illegal Manufacture of Drugs or Cultivation of Marijuana
2925.041	Illegal Assembly or Possession of Chemicals for the Manufacture of Drugs
3716.11	Placing Harmful Objects in Food or Confection

- A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

Tier 3 Disqualifying Offenses (Seven-Year Exclusion)

959.13	Cruelty to Animals
959.131	Prohibitions Concerning Companion Animals
2903.12	Aggravated Assault
2903.21	Aggravated Menacing
2903.211	Menacing by Stalking
2905.12	Coercion
2909.04	Disrupting Public Services
2911.02	Robbery
2911.12	Burglary
2913.47	Insurance Fraud
2917.01	Inciting to Violence
2917.03	Riot
2917.31	Inducing Panic
2919.22	Endangering Children
2919.25	Domestic Violence
2921.03	Intimidation
2921.11	Perjury
2921.13	Falsification, Falsification in Theft Offense, Falsification to Purchase Firearm, or Falsification to Obtain a Concealed Handgun License
2921.34	Escape

2921.35	Aiding Escape or Resistance to Lawful Authority
2921.36	Illegal Conveyance of Weapons, Drugs, or Other Prohibited Items onto Grounds of Detention Facility or Institution
2923.01	Conspiracy when the underlying offense is any of the offenses or violations on this list
2923.02	Attempt when the underlying offense is any of the offenses or violations on this list
2923.03	Complicity when the underlying offense is any of the offenses or violations on this list
2925.05	Funding of Drug or Marijuana Trafficking
2925.06	Illegal Administration or Distribution of Anabolic Steroids
2925.24	Tampering with Drugs
2927.12	Ethnic Intimidation

- A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

Tier 4 Disqualifying Offenses (Five-Year Exclusion)

2903.13	Assault
2903.22	Menacing
2907.09	Public Indecency
2907.24	Soliciting after Positive Human Immunodeficiency Virus Test
2907.25	Prostitution
2907.33	Deception to Obtain Matter Harmful to Juveniles
2911.13	Breaking and Entering
2913.02	Theft
2913.03	Unauthorized Use of a Vehicle
2913.04	Unauthorized Use of Property, Computer, Cable, or Telecommunication Property
2913.05	Telecommunications Fraud
2913.11	Passing Bad Checks
2913.21	Misuse of Credit Cards
2913.31	Forgery, Forging Identification Cards
2913.32	Criminal Simulation
2913.41	Defrauding a Rental Agency or Hostelery
2913.42	Tampering with Records
2913.43	Securing Writings by Deception
2913.44	Personating an Officer
2913.441	Unlawful Display of Law Enforcement Emblem
2913.45	Defrauding Creditors
2913.51	Receiving Stolen Property
2919.12	Unlawful Abortion
2919.121	Unlawful Abortion Upon Minor
2919.123	Unlawful Distribution of an Abortion-Inducing Drug

2919.23	Interference with Custody
2919.24	Contributing to Unruliness or Delinquency of Child
2921.12	Tampering with Evidence
2921.21	Compounding a Crime
2921.24	Disclosure of Confidential Information
2921.32	Obstructing Justice
2921.321	Assaulting/Harassing Police Dog or Horse/Service Animal
2921.51	Impersonation of Peace Officer
2923.01	Conspiracy when the underlying offense is any of the offenses or violations on this list
2923.02	Attempt When the Underlying Offense is Any of the Offenses or Violations on this list
2923.03	Complicity when the Underlying Offense is Any of the Offenses or Violations on this list
2925.09	Illegal Administration, Dispensing, Distribution, Manufacture, Possession, Selling, or Using Any Dangerous Veterinary Drug
2925.11	Drug Possession other than a Minor Drug Possession Offense
2925.13	Permitting Drug Abuse
2925.22	Deception to Obtain Dangerous Drugs
2925.23	Illegal Processing of Drug Documents
2925.36	Illegal Dispensing of Drug Samples
2925.55	Unlawful Purchase of Pseudoephedrine Product
2925.56	Unlawful Sale of Pseudoephedrine Product

A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

Tier 5 Disqualifying Offense (No Exclusion)

A volunteer may volunteer or continue to volunteer, if the volunteer has been convicted of, pleaded guilty to, or has been found eligible for intervention in lieu of conviction for any of the following

- 2925.11 Drug Possession That is a Minor Drug Possession Offense
- 2925.14 Illegal Use or Possession of Drug Paraphernalia
- 2925.141 Illegal Use or possession of marijuana drug paraphernalia); or (iv) A violation of an

existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations described in paragraphs (E)(1)(e)(i) to (E)(1)(e)(iii) of this rule.

FBI

If a volunteer has not been a resident of Ohio for the five-year period immediately prior to the date upon which the criminal records check is requested, volunteers will be required to also complete a bureau of criminal identification and investigation obtain information from the federal bureau of investigation (FBI) as part of the criminal records check.

Rapback

The Retained Applicant Fingerprint Database (Rapback) is a continuous search and reporting of Ohio arrests and Ohio convictions through the Bureau of Criminal Investigation (BCI) in the Office of the Attorney General as noted in ORC 109.5721. Rapback provides notification of subsequent criminal activity after a background check and enrollment into Rapback. Employees are entered into Rapback where they are automatically compared with incoming arrests and disposition information in real time as new arrests and judicial information becomes available. Upon completion of a BCI/FBI background screen, volunteers will be enrolled in Rapback. Volunteers enrolled in Rapback will no longer be required to complete background investigations every five (5) years as previously required.

Automated Registry Check System (ARCS)

The Abuser Registry is established pursuant to ORC 5123.52. MCBDD shall not permit volunteers to volunteer if a volunteer is included in one or more of the abuser databases.

The Automated Registry Check System known as ARCS checks all seven required abuser registries at once. When enrolled in ARCS, ARCS will continually check all names enrolled against all seven registries. If a volunteer's name appears on one of the registries, ARCS notifies MCBDD to confirm whether the name appearing on the registry is our employee.

ARCS checks the following registries:

1. Excluded Parties List System, from the U.S. General Services Administration
2. List of Excluded Individuals and Entities, from the U.S. Office of Inspector General
3. Ohio Sex Offender and Child Victim Database, from the Ohio Attorney General's Office
4. DODD Abuser Registry Verification, from the Ohio Department of Developmental Disabilities
5. Ohio Nurse Aide Registry, from the Ohio Department of Health
6. ODRC Inmates Database, from the Ohio Department of Rehabilitation and Correction
7. Ohio Department of Medicaid Exclusion & Suspension List

Driving Abstract

Prior to volunteering in a position that involves transporting individuals for any purpose, MCBDD must verify that a volunteer has a valid motor vehicle operator's license and obtain the volunteer's driving record prepared by the Bureau of Motor Vehicles. In addition, annually, MCBDD obtains a driving record for all volunteers who transport individuals served by our program. A volunteer having six or more points on his or her driving record is prohibited from transporting individuals.

Attestation Acknowledgement

I _____

Volunteer Print Name

- ☐ hereby attest that I have not: 1) been convicted of, 2) pleaded guilty to, or 3) been found eligible for intervention in lieu of conviction, for any of the disqualifying offenses listed and agree that I will notify the Miami County Board of Developmental Disabilities (MCBDD), within 14 calendar days, if while volunteering, I am formally charged with, am convicted of, plead guilty to, or am found eligible for intervention in lieu of conviction for any of the disqualifying offenses. I understand that failure to make this notification may result in an inability to continue volunteering with the program.
- ☐ hereby give permission for the Miami County Board of Developmental Disabilities (MCBDD) to complete a driving abstract as a condition of transporting individuals and thereafter annually.
- ☐ hereby give permission for the Miami County Board of Developmental Disabilities (MCBDD) to enroll me in Rapback as a condition of volunteering and thereafter ongoing.
- ☐ hereby give permission for the Miami County Board of Developmental Disabilities (MCBDD) to enroll me in ARCS as a condition of volunteering and thereafter ongoing.

Volunteer Signature/Date