



Lake County Volunteer Network
Lake County Administration Center
105 Main Street-Suite A526, Painesville, Ohio 44077
440-350-5360 • cristen.kane@lakecountyohio.gov

New Volunteer Enrollment Form

NAME: _____

Title

First

Middle Initial

Last

ADDRESS: _____

Street Address

City

State

Zip Code

Primary phone number to contact you: _____ Other: _____

Email Address: _____

Date of Birth: _____ Gender: ☐ Female ☐ Male ☐ Other: _____

HEALTH:

Do you have any health or physical limitations which prevent you from certain volunteer activities?

☐ YES ☐ NO If yes, what are those limitations? _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: _____

Relationship to you: _____

REFERRAL INFORMATION:

Please let us know how you heard about the Lake County Volunteer Network:

☐ Friend: _____

☐ Website: _____

☐ Agency: _____

☐ News Article: _____

☐ Social Media: _____

☐ Other: _____

AUTO

I understand that if I use my personal automobile in my volunteer service I will arrange to keep automobile insurance in effect according to the guidelines required by the State of Ohio.

Driver's License #: _____ Expiration Date: _____

PLEASE SEE OTHER SIDE →

REFERENCES

List 2 references (other than relatives) who have known you for at least 2 years.

Name: _____ Phone: _____

Name: _____ Phone: _____

Have you ever been convicted of crime? ☐ Yes ☐ No

If yes please explain: _____

Have you had a background check in the past two years? ☐ Yes ☐ No

SIGNATURE REQUIRED

By signing below, I agree to volunteer my services through the Lake County Volunteer Network and understand that I am not an employee of the Board of Lake County Commissioners.

I hereby give my permission to the Lake County Volunteer Network to use any photograph taken of me volunteering for publication, news release, Facebook posts, website content, or other publicity for the Lake County Volunteer Network.

My signature indicates my reading and understanding the above enrollment form and I agree to its terms.

Volunteer Signature: _____

Date: _____

LCVN Director: _____

Date: _____

FOR OFFICE USE ONLY:

Orientation Session Date: ____/____/____ Interview Conducted By: _____

Enrollment Date: ____/____/____

Station Assignment:

Lake County Volunteer Network Volunteer Information Form

Volunteer Name: _____ Date: _____

This information is collected for reporting purposes. It is optional and will not be shared or considered when determining placements for service.

ETHNIC GROUP:

- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> Asian, Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other |

Are you a Veteran? ☐ YES ☐ NO If yes, what branch of the military? _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Education Level: ☐ High School Diploma ☐ Associate Degree ☐ Collegiate Degree

☐ Other: _____

Previous profession/occupation: _____

VOLUNTEER PLACEMENT INTERESTS:

Please check all the volunteer opportunities & interests you may be interested in learning more about at the volunteer orientation session.

<input type="checkbox"/> Animals/Humane Society	<input type="checkbox"/> Food Pantry Support	<input type="checkbox"/> Office Assistance
<input type="checkbox"/> Childcare	<input type="checkbox"/> Friendly Visitor/Companionship	<input type="checkbox"/> Photography
<input type="checkbox"/> Community Events	<input type="checkbox"/> Gardening/Environment	<input type="checkbox"/> Recreation/Metroparks
<input type="checkbox"/> Computer Skills/Technology	<input type="checkbox"/> Historical Education	<input type="checkbox"/> Red Cross Bloodmobile
<input type="checkbox"/> Cooking	<input type="checkbox"/> Home Repair/Maintenance	<input type="checkbox"/> Sewing
<input type="checkbox"/> Counseling/Advocacy	<input type="checkbox"/> Hospice	<input type="checkbox"/> Shopping/errands
<input type="checkbox"/> Crocheting/Knitting	<input type="checkbox"/> Income Tax Assistance	<input type="checkbox"/> Theater/Performing
<input type="checkbox"/> Disability Services	<input type="checkbox"/> Literacy Tutoring/Elementary	<input type="checkbox"/> Thrift Shop/Clothing Bank
<input type="checkbox"/> Disaster Services/Relief	<input type="checkbox"/> Library	<input type="checkbox"/> Veterans Assistance
<input type="checkbox"/> Driving-Meals-On-Wheels	<input type="checkbox"/> Mentoring	<input type="checkbox"/> OTHER:
<input type="checkbox"/> Driving-Blood Transport	<input type="checkbox"/> Music	<input type="checkbox"/> OTHER:

Would you like to be called to assist with one-time special events? ☐ YES ☐ NO

Would you like to assist with mailing projects? ☐ YES ☐ NO