

# Ozark Action, Inc.

710 East Main Street •  
West Plains, Missouri 65775-0588  
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http://www.oaiwp.org



## ***Community Service Block Grant Department (CSBG)*** **VOLUNTEER APPLICATION** **(PLEASE PRINT)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email: \_\_\_\_\_

What name do you prefer: \_\_\_\_\_

Please check if you are under the age of 18 years.  Yes  No

Parental or guardian permission. I, \_\_\_\_\_ (parent or guardian) do hereby give permission for \_\_\_\_\_ (volunteer) to volunteer at OAI.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **Volunteer Preference:**

#### **Back to School Fairs:**

Fundraising  Set up for Event  Manning booth  Distribution of school supplies

#### **Holiday Programs:**

Food drive (Thanksgiving)  Food/Toy Drive for Christmas  
 Assistance with Toy distribution at West Plains office

#### **Education:**

CLAIM (Medicare training)  Educational Speaking for Life Skills classes  
 Income Tax Preparation  Internships  
 Poverty Simulation Role Player

#### **Office:**

General office assistance  Special Projects  
 Board of Directors  Fundraising  
 Host an event in your community

When are you available to volunteer?

Monday  Tuesday  Wednesday  Thursday  Friday

Hours: \_\_\_\_\_

Office preference:  Alton  Ava  Gainesville  Hartville  
 Houston  Mountain Grove  Mountain View  West Plains

Do you have any unique skills you would like to share? \_\_\_\_\_

## Declaration Form for Prospective Volunteers:

Item #1: Our volunteer program requires prospective regular volunteers to sign a declaration prior to beginning service which lists: (1) All pending and prior criminal arrests and charges related to child sexual abuse and their disposition (2) Convictions related to other forms of child abuse and/or neglect. (3) All convictions of violent felonies.

Item #2: The declarations max exclude: (1) Any offense, other that any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective volunteer's 18<sup>th</sup> birthday, which was finally adjudicated in a juvenile court or under a youth offender law. (2) Any conviction for which the record has been expunged under Federal or State law. (3) Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

Item 3: Note that individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from being a volunteer. OAI must review each case to assess the relevance of an arrest, charge or conviction to a decision.

Please sign the appropriate line below:

I HAVE NOT BEEN arrested, charged, and /or convicted on one or more of the three offenses listed above (in Item 1). Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I HAVE BEEN arrested, charged, and/or convicted on one or more of the three types of offenses listed above. (If so, please attach information listing the offense(s), the date(s) of the arrest, charges(s), and/or convictions(s), and other relevant information. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Volunteer's Statement & Reference Check Authorization**

I authorize the Ozark Action, Inc. staff to investigate all statements contained in this application, including checks on references and employers. I hereby release from liability Ozark Action, Inc and its representatives from seeking such information. I give permission for Ozark Action, Inc. to submit a Request for Child Abuse or Neglect/Criminal Record (State of Missouri Form SHP-159 1/9) to the Missouri Division of Family Services, Background Screening Investigations Unit I understand that all information will be considered in determining my eligibility to serve as a regular volunteer. I understand that the Ozark Action, Inc. staff will keep the information on this form, as well as information obtained from checks of references, employers and the Missouri Division of Family Services, confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please print - Last Name, First Name)

Emergency Contact:

Contact 1- Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_

Contact 2 - Name: \_\_\_\_\_  
Phone \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_

Reference 1 Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Reference 2 Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Confidentiality Policy

As a volunteer for Ozark Action, Inc., I, \_\_\_\_\_ (name) understand and agree to keep all information regarding clients and employees in the strictest confidence. This includes information on file and any information, I myself may obtain while a volunteer of Ozark Action, Inc.

Information may be transferred between programs as deemed necessary and under the supervision of program directors.

I understand that a breach of this policy of confidentiality will be just cause for my dismissal as a volunteer.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Photo Release

Photo release to be sign by parent or legal guardian: (if under the age of 18)

I, \_\_\_\_\_ (Parent's Name) give my consent to Ozark Action, Inc. for photos to be taken of my child, \_\_\_\_\_ (child's name) while participating as a volunteer for Ozark Action, Inc.

Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_

Photo release to be signed by volunteer if over the age of 18:

I, \_\_\_\_\_ (Print name) give consent to Ozark Action, Inc. for photos to be taken of me while participating as a volunteer for Ozark Action, Inc. These photos may be used for at Ozark Action, Inc.'s discretion.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

(A copy of my social security card and current driver's license will be placed on file at OAI)

Equal Opportunity Policy:

It is the policy of Ozark Action, Inc. to prohibit any form of discrimination because of race, creed, color, sex, national origin, age, disability, political affiliation, beliefs, or veteran status.

Safety: As a volunteer for Ozark Action, Inc., I will report any safety hazards or accidents to my supervisor immediately. It is the policy of Ozark Action, Inc. to work in a safe environment.