

# Volunteer Application Packet



**Volunteer Acknowledgments** *please return signed/initialed copy*

**Volunteer Application** *please return completed copy*

**Volunteer Confidentiality** *please return signed copy*

**Individual Rights** *please keep for your records*

**Agency Liability Release** *please keep for your records*



**Lake County Board of Developmental Disabilities/Deepwood**

EMPOWER individuals with developmental disabilities to ENGAGE in activities that  
ENRICH their lives and contribute to their community.

[www.LakeBDD.org](http://www.LakeBDD.org)

*Revised 05/21/2025*

# Volunteer Acknowledgements

## Special Events/Groups/Limited-Time Projects



\_\_\_\_\_ *(initial)* I have reviewed and signed the volunteer confidentiality agreement.

\_\_\_\_\_ *(initial)* I have read and acknowledge the rights of developmentally disabled persons and I further accept my responsibility as a volunteer to respect and protect these rights at all times.

\_\_\_\_\_ *(initial)* I have read and acknowledge the Lake County Board of Developmental Disabilities / Deepwood Agency Liability Release

\_\_\_\_\_ *(initial)* I understand that photos and/or video might be taken during the volunteer experience and provide consent for the LCBDD to potentially use said digital media.

\_\_\_\_\_  
**Volunteer Name** *(print)*

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Guardian/parent Signature if under 18 years of age**



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# Volunteer Application

Name: \_\_\_\_\_

Gender:  Male  Female

Age: (check one)

14 years and younger *must be accompanied by parent or guardian*

14-17 years *must have documented parental permission*

18+ years

Address:

\_\_\_\_\_  
(Street Address) (City/State) (Zip)

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Would you like to be added to our mailing list?  Yes  No

Have you ever been an employee of the Lake County Board of DD?  Yes  No

If yes, dates of employment: \_\_\_\_\_

Current employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Past and/or current volunteer experience: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony?  Yes  No

If yes, please provide details about the conviction(s): \_\_\_\_\_

\_\_\_\_\_



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# Volunteer Application



Please provide two references (no family members)

**Reference 1:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
*(Street Address)* *(City/State)* *(Zip)*

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Reference 2:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
*(Street Address)* *(City/State)* *(Zip)*

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

- [ ] I understand that in order to participate in the LCBDD/Deepwood programs as a volunteer I must complete all orientation required and fulfill assignments to which I have committed.
- [ ] I, (the undersigned) state that all of the above information is true. I authorize the LCBDD/Deepwood to verify this by any reasonable means necessary relating to my suitability for volunteer service. In consideration of my participation in volunteer activities at the Lake County Board of DD/Deepwood, I do hereby declare myself able to participate in volunteer activities, and I agree to familiarize myself with all agency policies and procedures, equipment, rules and other information necessary related to the activities I undertake.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Volunteer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent or Guardian (if under 18 years)**



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# Volunteer Confidentiality Agreement



Lake County Board of Developmental Disabilities (LCBDD) volunteers are allowed to access individual or program information when a legitimate “need-to-know” exists. This privilege includes an obligation to safeguard the individual’s privacy.

Volunteers agree not to disclose the identity or other individually identifiable information about the individuals served by the LCBDD’s programs.

Volunteers agree not to take any photographs, video, or audio recordings of individuals served by the program.

Volunteers agree not to post any information on social media that would reveal the identity of an individual served by the LCBDD’s programs.

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

Print Name: \_\_\_\_\_

Department/Agency/School District: \_\_\_\_\_



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# Rights of Persons with Developmental Disabilities

## Ohio Revised Code 5123.62

The rights of persons with developmental disabilities include, but are not limited to, the following:

- (A) The right to be treated at all times with courtesy and respect and with full recognition of their dignity and individuality;
- (B) The right to an appropriate, safe, and sanitary living environment that complies with local, state, and federal standards and recognizes the persons' need for privacy and independence;
- (C) The right to food adequate to meet accepted standards of nutrition;
- (D) The right to practice the religion of their choice or to abstain from the practice of religion;
- (E) The right of timely access to appropriate medical or dental treatment;
- (F) The right of access to necessary ancillary services, including, but not limited to, occupational therapy, physical therapy, speech therapy, and behavior modification and other psychological services;
- (G) The right to receive appropriate care and treatment in the least intrusive manner;
- (H) The right to privacy, including both periods of privacy and places of privacy;
- (I) The right to communicate freely with persons of their choice in any reasonable manner they choose;
- (J) The right to ownership and use of personal possessions so as to maintain individuality and personal dignity;
- (K) The right to social interaction with members of either sex;
- (L) The right of access to opportunities that enable individuals to develop their full human potential;
- (M) The right to pursue vocational opportunities that will promote and enhance economic independence;
- (N) The right to be treated equally as citizens under the law;



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# Rights of Persons with Developmental Disabilities

## Ohio Revised Code 5123.62

- (O) The right to be free from emotional, psychological, and physical abuse;
- (P) The right to participate in appropriate programs of education, training, social development, and habilitation and in programs of reasonable recreation;
- (Q) The right to participate in decisions that affect their lives;
- (R) The right to select a parent or advocate to act on their behalf;
- (S) The right to manage their personal financial affairs, based on individual ability to do so;
- (T) The right to confidential treatment of all information in their personal and medical records, except to the extent that disclosure or release of records is permitted under sections [5123.89](#) and [5126.044](#) of the Revised Code;
- (U) The right to voice grievances and recommend changes in policies and services without restraint, interference, coercion, discrimination, or reprisal;
- (V) The right to be free from unnecessary chemical or physical restraints;
- (W) The right to participate in the political process;
- (X) The right to refuse to participate in medical, psychological, or other research or experiments.

If an individual has questions or concerns about his/her rights, he/she may call Ohio Legal Rights Services statewide toll free intake service at 1-800-282-9181, DODD at 1-866-313-6733, or the Lake County Board of Developmental Disabilities / Deepwood at 440-350-5100.



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# Agency Liability Release

In consideration of my willingness to be a volunteer for the Lake County Board of Developmental Disabilities/Deepwood, I understand and agree that while the Board holds policies of insurance pertaining to bodily injury and to liability arising out of certain wrongful or negligent acts or omissions of employees and volunteers, there exist circumstances on which I will not be covered by any Board insurance(s) and may be personally liable for any harm caused thereby.

In addition, I understand and agree that the County Board specifically disclaims liability arising out of any reckless or intentional misconduct, acts or omissions. I agree to release, indemnify and hold harmless the County Board, its officers, Board members, employees, agents, families, enrollees, clients, individuals served by the Board, and agency volunteers any damages, claims, or injury to property or person(s) arising out of wrongful or negligent acts or omissions.



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