



Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Best contact number: () - Email _____

Best time to Call: ☐ During the Day ☐ In the Evening

Emergency Contact Name: _____

Emergency Contact Number: _____

Do you have any allergies? YES NO
☐ ☐ If Yes, please describe:

Occupation: _____ Employer: _____

Are you 18 years of age or older? YES NO
☐ ☐

How did you learn about the volunteer program? _____

What is your interest in volunteering at Secrest? _____

Education & Skills

Special Training: List any course work, training, or experience which may be applicable:

References

Please list two references (one personal and one business) and the best way to contact them:

Name: _____

Contact Info
(email/phone): _____

Name: _____

Contact Info
(email/phone): _____

Volunteer and Employment History

Briefly describe your 3 most recent work and/or volunteer experiences, including duties.

1. _____

2. _____

3. _____

Volunteer Duties and Schedule

Please check the volunteer areas in which you are most interested:

☐ Gardening ☐ Events ☐ Nursery ☐ Photography ☐ Plant Sales ☐ Mapping/Labeling

☐ Workshops ☐ Tours ☐ Data Entry

Are you available to volunteer on a weekly basis? YES NO
☐ ☐

Number of hours available (per week): _____

Preferred Days?

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Preferred times: _____

Personal Info

List any hobbies you have:

What is your favorite candy?

What is your favorite restaurant?

When is your birthday?

**OHIO AGRICULTURAL RESEARCH AND DEVELOPMENT CENTER
WOOSTER, OHIO
VOLUNTARY EXPERIENCE AGREEMENT**

It is understood that I will obtain experience through observation and practice under the guidance of members of the Faculty and Staff of the Ohio Agricultural Research and Development Center at Wooster, Ohio, rendering such voluntary assistance as may be practicable and acquiring in turn knowledge in _____.
I fully understand that I will not receive any remuneration for such voluntary assistance, nor will I be charged any fee for the experience.

I understand that as a volunteer I am not an employee of The Ohio State University/Ohio Agricultural Research and Development Center and that I am not covered by their worker's compensation program. I understand that I am not eligible for any employee benefits. I also acknowledge that voluntary involvement with Ohio Agricultural Research and Development Center is a privilege and a responsibility, not a right. This voluntary status is granted solely at OARDC's discretion and may be revoked at any time.

As a volunteer at Ohio Agricultural Research and Development Center (OARDC), I will:

- Accept direction and advice from professional OARDC staff while involved in my activities.
- Not engage in abusive behaviors that physically or verbally threaten or harm anyone
- Not possess any weapons, including licensed concealed carry weapons, on OSU/OARDC property
- Not commit any criminal acts
- Handle animals and operate machinery, motorized vehicles and other equipment in a responsible manner (volunteers are not authorized to drive OARDC motor pool vehicles)
- Not manufacture, distribute, dispense, possess or use a controlled substance or alcohol while on OSU/OARDC property
- Not make any unwelcome sexual advances, requests for sexual favors and other physical or verbal conduct of a sexual nature
- Abide by all safety regulations set forth in training provided to me
- Abide by all university policies regarding sexual harassment and any other form of harassment
- Avoid conflicts of interest and other unethical behavior

Name (please print)

Address

Telephone number

I acknowledge that I have read and understand the guidelines as outlined above. I understand and agree that any act or omission on my part that contradicts any portion of these standards is grounds for immediate suspension and/or termination of my voluntary status with Ohio Agricultural Research and Development Center.

Signature

Date

Parent's signature (if applicable)

Date

Supervisor

Date

Approval:

Department Chairman or Associate Chairman

Date

Approval:

Department Chairman or Associate Chairman Date:

CIMA Excess Accident Medical Insurance Enrollment Yes_____ No_____
If enrolling in CIMA, registration card on file at OARDC Human Resources _____