

Volunteer Checklist

Volunteer Name: _____ Date of Hire: _____

- Application
- Volunteer Availability Chart
- Three Statements of Reference
- Confidentiality Agreement
- Providence House Medical Statement
- ODJFS Medical Statement
- TB Test Results
- Copy of a Photo ID
- Proof of High School Graduation or Highest Educational Attainment
- Hard Copy of Fingerprint Card and Results
- FBI Background Check Results
- Statement of No Convictions (completed during orientation)



Providence House, Inc.
2037 West 32nd Street
Cleveland, OH 44113

PROVIDENCE HOUSE VOLUNTEER APPLICATION

Date _____

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Work Phone () _____ May we call you at work? Yes No

Home Phone () _____ Other () _____

E-mail Address _____

Emergency
Contact Name _____ Relationship _____

Phone () _____

How were you referred to Providence House? _____

VOLUNTEER PREFERENCE

Area(s) of Interest for Volunteering: Please check all that apply.

- Childcare Administrative Special Events Inventory

If you did not check Special Events, would you be willing to assist with set up, sending mailings, etc., if we need help? Yes No

VOLUNTEER AND/OR PREVIOUS CHILDCARE EXPERIENCE

Name of Employer or Volunteer Agency	Title	Job Duties Performed	Length of Time

REFERENCES

Name	Address	Phone

AUTHORIZATION/COMMITMENT STATEMENT

1. I certify that the answers given here are true and complete to the best of my knowledge.
2. I authorize investigation of all of the information contained in this packet, including references and background checks.
3. I understand that this application will be considered active for a period of 120 days, and if I do not turn in the remainder of the documentation or begin training within this time frame, I will be asked to reapply.
4. I understand the seriousness of my commitment to Providence House, Inc., and will honor that commitment to the best of my ability.

Signature _____ **Date** _____

VOLUNTEER AVAILABILITY

Please indicate approximate times and days of the week you would like to volunteer. Please mark the following labels in the spaces provided if you were interested in more than one type of volunteer opportunity:

C for Childcare Availability
A for Administration Availability

SE for Special Event Availability
I for Inventory Availability

	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
8:00am							
8:30am							
9:00am							
9:30am							
10:00am							
10:30am							
11:00am							
11:30am							
12:00pm							
12:30pm							
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4:00pm							
4:30pm							
5:00pm							
5:30pm							
6:00pm							
6:30pm							
7:00pm							
7:30pm							
8:00pm							

I am available to volunteer:

Every week Every other week Other (Please explain)_____

May we contact you for other times if we need extra assistance? Yes No



Providence House, Inc.
2037 W. 32nd Street
Cleveland, OH 44113
216-651-5982

Volunteer Name _____

Reference Name _____

Reference Address _____

Reference Phone # (_____) _____

Relationship to Volunteer _____ **How many years known?** _____

The person named above has applied to be a volunteer with Providence House, Inc., a licensed crisis nursery serving children ages newborn to 5 years old. We would appreciate any feedback that you may have regarding this individual's job performance, dedication, character, and/or ability to work with children. Your statement will be used to determine this individual's suitability to volunteer with Providence House. Thank you for your time and cooperation.

Statement:

Signature _____

Date _____

Please send this completed reference form to:

Providence House, Inc.
Meghan Capistrano
New Volunteer Processor
2037 W. 32nd Street
Cleveland, OH 44113
(216) 225.5739 Fax (216) 651.0112



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Providence House, Inc.

CONFIDENTIALITY AGREEMENT

All information acquired in the course of employment at Providence House, Inc. is considered personal and confidential. This includes discussion or information regarding children, personnel, policies and general operations.

Any breach in adhering to this policy may result in disciplinary action up to and including termination of employment.

I, _____ have read and understand the above statement. My signature below indicates my agreement to adhere to this policy.

Signature: _____

Date: _____

Witnessed by: _____

Title: _____

MEDICAL CERTIFICATION

I, _____, hereby sign this release of information to allow my physician to complete the following questionnaire. I understand that the following information will determine my eligibility for employment at Providence House, Inc.

- 1. Does the applicant's health allow them to continue the day to day care of children ages 0-5?
 YES If NO, please comment:

- 2. Is the applicant able to lift up to 40 pounds without any medical contraindications?
 YES NO

- 3. Is the applicant currently taking any medications that would interfere with the care provided to children ages 0-5? YES NO
If YES, please specify: _____

- 4. Is the applicant currently taking any medications that would interfere with driving a motor vehicle?
YES NO

- 5. Does the applicant's Mental Health allow them to work with children ages 0-5?
 YES NO

- 6. Does the applicant have any other medical conditions that would prohibit them from working with children ages 0-5? YES NO
If YES, please comment: _____

Name of Physician (please print): _____

Address of Physician or Clinic: _____

Phone number: _____ Fax number: _____

Physician Signature: _____ Date: _____

**ODJFS MEDICAL STATEMENT
FOR CHILDCARE STAFF IN RESIDENTIAL FACILITIES**

Name of Person Examined (Please Print)	Date of Birth	Date of Examination
Street Address		
City	State	Zip Code

Authorization for Release of Information

I authorize the physician completing this form to release any information he/she may have concerning my physical or mental health to:

Agency	Signature	Date
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This is to certify that I have examined the above named person who is found to be:

- Free from apparent communicable disease: YES NO and
- Free from any special physical or mental health problems or conditions which might interfere with the health of children or might prohibit this individual from providing adequate care for children. YES NO

If not, please specify: _____

Name of Physician (Please print or type)	Telephone Number ()	
Street Address		
City	State	Zip Code
Physician's Signature	State License Number	Date of Physician's Signature

NOTE: Completion of this form is required in order for this agency to carry out its obligation under Ohio Revised Code 5103.03.

Position Description
Childcare Volunteer

Reports to: Program Director

Purpose/Expectations: Assist Childcare Staff with daily care of children in residence at Providence House.

Major Specific Responsibilities	Shared With
ASSIST Childcare Staff in providing care and activities that safely meet the children’s physical and emotional needs including playtime, field trips, meals, activities, bed time, etc.	Childcare Staff
OBSERVE physical and emotional responses of children	Childcare Staff
REPORT observations, physical and emotional responses to Childcare Staff	Childcare Staff
May choose to perform other tasks (including housekeeping, i.e. folding laundry, kitchen cleanup).	Childcare Staff
Practice personal hygiene and the use of universal precautions.	All
Maintain the confidentiality of the children and families at all times.	All
Understand and support Providence House operating policies by adhering to the rules as outlined in the procedure manual. These policies support compliance of licensing requirements in the Ohio Administrative Rules for Children’s Residential Centers.	Childcare Staff
Follow all guidelines and Do’s and Don’t practices as presented by Education Manager including guidelines for bathing, toilet facilities, transportation, etc.	Education Manager
Meet as needed with Education manager for Volunteer updates and general sharing of information.	Education Manager
Attend initial Information Session (1.5 hours). Complete and return the Volunteer Application, 3 references, ODJFS Medical Statement, Providence House Medical Statement, Statement of No Convictions, Proof of Residency, TB Test results, Confidentiality Agreement, Xerox copy of Finger Print form, copy of High School Diploma or higher education diploma, copy of photo identification.	Education Manager
Attend Orientation Training (Classroom and Hands-on) 20 hours to be completed in 30 days.	Education Manager
Attend continuing childcare training – 32 hours (for a total of 52 hours in first year); 24 hours of childcare training every year after that.	Education Manager

Qualifications:

- 21 years of age
- Complete Application Process which include submitting:
 - Application
 - Volunteer Availability Chart
 - Three Statements of Reference
 - Confidentiality Agreement
 - Statement of No Convictions (completed during orientation)
 - Hard Copy of Fingerprints and Results
 - FBI Background Check Results
 - ODJFS and Providence House Medical Statements
 - TB Test Results
 - Copy of a Photo ID
 - Proof of High School Graduation or Highest Educational Attainment
- Obtain 52 Hours of Childcare Training in First Year; 24 Hours of Childcare Training in Subsequent Years
- Attend 20 hours of Orientation/Hands-on Training within first 30 days of hire (counts towards 52 hours needed for first year of training)

Personal Characteristics:

- A concern and passion for the safety and nurturing of children.
- Pleasant communication skills and flexible in adjusting to team needs.
- Willingness to adhere to all Providence House practices and policies for childcare

Training Requirements for Volunteers as mandated by the state of Ohio:

- 52 hours of training in the first year of volunteering
 - 20 hours in the first month
 - Orientation = 7 hours
 - Hands on = 13 hours
 - 32 hours remain over 11 months
 - 6-8 hours acquired through CPR/First Aid certification (required)
 - 8 hours acquired through reading, video, online training (optional)
 - Remaining hours (approx. 2-3 per month) acquired through training opportunities at Providence House, churches, libraries, or civic organizations that offer courses that involving the welfare of children. (Ex. Recognizing Signs of Child Abuse, Nutrition for Children, Understanding Asthma and Allergies)
- 24 hours of training required each subsequent year.
 - 2 hours per month (recommended)
 - CPR/First Aid certification
 - Reading, video, online training
 - Training opportunities at Providence House and in community

Procedure for Background Check

1.

Contact:

Bill Stough
440.336.4505
Tenable Security
2423 Payne Avenue
Cleveland, Ohio

Cost: \$80 – pay to Tenable at time fingerprints are taken

1. Contact Bill Stough at Tenable Security, tell him you are from Providence House (**specify volunteer**) and set up an appointment for an Ohio Bureau of Criminal Investigation (Ohio BCI&I) Fingerprinting and FBI Background Check .
2. Bill Stough will do a “Web” check of your fingerprints *and* a hard copy of your fingerprints for our files.
3. Return hard copy to Operations Assistant or Program Director at Providence House

Fingerprint results and FBI Background Check results will be mailed to Providence House, and it usually takes about 4-6 weeks. *You may begin training prior to results being in, as long as you have given a copy of the completed form to Providence House.*

2. Your Local Police Department

Cost: \$?

1. Call your local police department to verify if they are able to do your fingerprints via the Web *and* make a hard copy of your prints.
2. Make an appointment if necessary.
3. Bring copy of prints to Operations Assistant at Providence House.

Fingerprint results will be mailed to Providence House, and it usually takes about 4-6 weeks. *You may begin training prior to results being in, as long as you have given a copy of the completed form to Providence House.*

*Note: You must have an FBI Background check done **in addition** to having an Ohio BCI&I fingerprint card done. The Ohio Bureau of Criminal Identification and Investigation (Ohio BCI&I) background check is not equivalent to the FBI Background check.*

Ace Taxi Service, Inc.
1798 East 55th Street
Cleveland, OH 44103
216.361.8700 ext. 235
Mon. - Fri. 9:00 a.m. - 3:00 p.m.
All other times by appointment only

Alpine Home Health Care (Day's Inn)
5555 Brecksville Road
Independence, OH 44131
216.650.6295
Mon. - Fri. 9:00 a.m. - 5:00 p.m.

Background Network, Inc.
1 Berea Commons, Suite 209
Berea, OH 44017
440.816.9920
Mon. - Fri. 9:00 a.m. - 5:00 p.m.

BETA Services dba HomeHelpers
2460 Fairmount Blvd., Suite 207
Cleveland Hts., OH 44106
216.421.2600
Mon. - Fri. 9:00 a.m. - 3:00 p.m.

Blossom 24 Hour We Care Center, Inc.
11900 Shaker Blvd. Suite 102
Cleveland, OH 44120
216.561.1426
Mon. - Fri. 9:00 a.m. - 4:00 p.m.

Bureau of Motor Vehicles (Cleveland/Parma) (NWC)
12000 Snow Road, Suite N
Parma, OH 44130
Walk-in only between
Mon. - Fri. 8:00 a.m. - 4:30 p.m.

C.Q.A.T. Protection Co.
2349 Rockwell Avenue
Cleveland, OH 44114
216.348.0780
Mon. - Fri. 9:00 a.m. - 4:00 p.m.

ChildCare Provider Association
26100 Brush Avenue, Suite 320
Cleveland, OH 44132
216.732.8610
BY APPOINTMENT ONLY

Cleveland Clinic Foundation (NWC)
Chester Conference Center
Fingerprinting Office
1945 East 97th Street
Cleveland, OH 44195
216.445.1394
M-T-W-F
9:00a.m. - 11 a.m., 12:00 p.m. - 4:00 p.m.
By Appointment Only

Corporate Investigative Services, Inc.
31400 Bradley Road
North Olmstead, OH 44070
440.614.0100
Mon. - Fri. 9:00 a.m. - 4:00 p.m.

Corporate Screening Services, Inc.
16530 Commerce Court
Cleveland, OH 44130
800.229.8606
Mon. - Fri. 8:30 a.m. - 8:00 p.m.

Confidential Solutions (NWC)
14701 Detroit Avenue, #256
Cleveland, OH 44107
216.228.3394
Tues. - Fri. 10:00 a.m. - 5:00 p.m.

East Cleveland City Schools
15305 Terrace Road
East Cleveland, OH 44112
216.268.6581
Mon. - Fri. 8:30 a.m. - 3:00 p.m.

Eliza Bryant Village
7201 Wade Park Avenue
Cleveland, OH 44103
216.361.6141
Mon. - Fri. 8:30 a.m. - 5:00 p.m.

Greater Cleveland Automobile Dealers' Assoc.
10100 Brecksville Road
Brecksville, OH 44141
440.746.1500
Mon. - Fri. 8:00 a.m. - 5:00 p.m.

Guarino & Associates
1 Windy Hill Drive
Willoughby Hills, OH 44094
440.953.0957
24/7 - By Appointment Only - On Site Service

Industrial Security
4525 West 160th Street
Cleveland, OH 44135
216.898.9970
Mon. - Fri. 8:00 a.m. - 4:00 p.m.

Koinonia Homes, Inc.
4560 East 71st Street
Cuyahoga Hts., OH 44105
24/7

The Oakridge Home
26520 Center Ridge Road
Westlake, OH 44145
440.871.3030
By Appointment Only

National Background Check, Inc.(NWC)
4100 Rockside Road
Hondros College Facility
Second Floor
Cleveland, OH 44131
877.932.2435
Monday – Friday 8:30am – 4:30pm

National Background Check, Inc.
4100 Rockside Rd.
Independence, OH 44131
1.877.932.2435
Monday – Friday 8:30am – 4:30pm

New Avenues to Independence
17608 Euclid Avenue
Cleveland, OH 44112
216.481.1909
Mon. - Fri. 8:30 a.m. - 5:00 p.m.

Northcoast Behavioral Healthcare
1756 Sagamore Road
Northfield, OH 44067
24/7

Priority Home Health Care, Inc.
14117 Lorain Avenue
Cleveland, OH 44111
216.251.4300
Mon. - Fri. 9:00 a.m. - 5:00 p.m.

Tenable Protective Services
2423 Payne Avenue
Cleveland, OH 44114
216.361.0002
Mon. - Fri. 9:00 a.m. - 5:00 p.m.

The Pre-Check Company
dba Staffing Solutions
5915 Landerbrook, Ste 100
Mayfield Heights, OH 44124
440.461.1652
Mon. - Fri. 8:30 a.m. - 5:00 p.m.

The Pre-Check Company
dba Champion Personnel
631 East Huron Road
Cleveland, OH 44115
216.781.5900
Mon. - Fri. 8:30 a.m. - 5:00 p.m.

RMS of Ohio, Inc.
20800 Center Ridge Road #315
Rocky River, OH 44116
440.333.3225
Mon. - Fri. 9:00 a.m. - 5:00 p.m.

Security Hut Inc.
18614 Detroit Avenue
Lakewood, OH 44107
216.226.0461
Mon. - Fri. 9:00 a.m. - 5:00 p.m.

St. Michael Parish
6912 Chestnut Rd.
Independence, OH 44131
216.524.1394
24/7 - By Appointment Only - On Site Service

St. Paschal Baylon Parish
5360 Wilson Mills Road

Highland Hts., OH 44143
440.442.6766
By appointment ONLY

Strongsville City Schools
13200 Pearl Road
Strongsville, OH 44136
440.572.7027
Mon. - Fri. 7:30 a.m. - 4:30 p.m.