



Please return completed applications to  
Megan Hillard, PR/Marketing.

Email: [megan@medinacreativehousing.com](mailto:megan@medinacreativehousing.com)

Mail: Volunteer Program  
Medina Creative Housing  
1120 N. Huntington St.  
Medina, Ohio 44256  
Fax: 330.723.7415

## Volunteer Application

### Mission Statement

The mission of *Medina Creative Housing, Inc.* is to promote the development and ongoing management of permanent, affordable housing and quality services for persons with disabilities living in Medina County.

### Why Volunteers Are Needed

Volunteer time and talents is an asset to Medina Creative Housing. There are many ways you can make a difference for individuals with disabilities in Medina County. You may wish to work directly with the individuals we serve or you may get involved with other important aspects of our organization's operations.

### Volunteers Help In These Areas

- Administration
- Resident Enrichment Program (REP)
- Therapeutic Horse Back Riding
- Events
- Fundraising
- Life Steps Camp

### Contact Information

|                                    |  |
|------------------------------------|--|
| Name:                              |  |
| Date of Birth:                     |  |
| Parent's Name (if under 18 years)  |  |
| Street Address:                    |  |
| City, State, Zip Code:             |  |
| Contact Number:                    |  |
| Contact Email:                     |  |
| How do you prefer to be contacted? |  |

### Availability

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings



|                        |  |
|------------------------|--|
| City, State, Zip Code: |  |
| Contact Phone:         |  |

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my removal from volunteer activities.

|   |  |
|---|--|
| Name (printed):   |  |
| Signature:  |  |
| Date:   |  |
| <i>Signature of Parent/Legal Guardian (if under 18 years)</i> |  |
| <i>Date:</i>  |  |

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.