



Please return completed applications to
Jill Robbins, HR Manager.

Email: jrobbins@medinacreativehousing.com

Mail: Volunteer Program
Medina Creative Housing
232 N Court 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

Interests & Information

Where did you hear about our volunteer program?

Why do you want to volunteer at Medina Creative Housing?

Tell us in which areas you are interested in volunteering:

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

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name:	
Street Address:	

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.