



Berea Cares  
11 Berea Commons  
Berea, Ohio 44017  
Phone: (440) 891-3316  
[www.cityofbera.org](http://www.cityofbera.org)

## Volunteer Application

Thank you for your interest in volunteering with Berea Cares. The City of Berea provides several activities, special events, parades and festivals throughout the year; volunteers offer an important role in helping to make sure these events happen successfully. Your contributions are valued and appreciated.

This application is to share information and requirements about Senate Bill 187 which was signed into law on March 22, 2001 by Governor Bob Taft. This law outlines requirements for adult volunteers who regularly interact with minors. The law's objective is to protect minors by establishing a method to conduct criminal background checks on volunteers who regularly have "unsupervised" access to minors. This is the same type of background check that currently is required by teachers, day-care workers and school bus drivers. This law also requires Berea Cares to notify all volunteers within the organization about these requirements.

In addition, Berea Cares also requires volunteers to have the same background check conducted if they are to be working unsupervised with a vulnerable population such as senior citizens over the age of 62 and individuals with disabilities.

### Senate Bill 187: Offenses listed under Section 109.572 (A) (1)

Aggravated murder; specific intent to cause death	Public indecency
Murder	Felonious sexual penetration
Voluntary manslaughter	Compelling prostitution
Involuntary manslaughter	Promoting prostitution (children)
Felonious assault	Procuring
Aggravated assault	Prostitution: after positive HIV test
Assault	Disseminating matter harmful to juveniles
Failing to provide for functionally impaired person	Pandering obscenity
Aggravated menacing	Pandering obscenity involving a minor
Patient abuse, neglect	Pandering sexually orientated matter involving a minor
Kidnapping	Illegal use of a minor in nudity orientated material/performance
Abduction	Aggravated robbery
Child stealing	Robbery
Child enticement	Aggravated burglary
Rape	Burglary
Sexual Battery	Unlawful abortion
Corruption of a minor	Endangering children
Gross sexual imposition	Interference with custody
Sexual imposition	Contributing to the unruliness or delinquency of a child
Impostioning (now importuning)	Domestic Violence
Voyeurism	Corrupting another with drugs
Carrying concealed weapons	Trafficking in drugs
Having a weapon while under a disability	Illegal manufacture of drugs or cultivation of marijuana
Improperly discharging a weapon at or near a school or dwelling	Funding of drug or marijuana trafficking
Placing harmful objects in food or confection	Illegal administration or distribution of anabolic steroids
Possession of drugs (that is not a minor drug possession offense)	<b>And any "substantially equivalent offense"</b>

**BASIC INFORMATION:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_  
(List only if we can call you at work)  
E-mail Address: \_\_\_\_\_  
Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Valid Driver's License No. \_\_\_\_\_  
Have you ever been convicted of a crime other than minor traffic offenses? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, provide explanation \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES, please list your employer \_\_\_\_\_  
Current Occupation \_\_\_\_\_  
If NO, please list your former employer \_\_\_\_\_  
Former employer \_\_\_\_\_

**EDUCATION AND TRAINING:**

Please check the highest level attained:  
\_\_\_\_\_ High School Graduate \_\_\_\_\_ Some College Courses \_\_\_\_\_ College Graduate  
College Degree or Major \_\_\_\_\_  
List any skills that you feel would be beneficial for our program \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Hobbies \_\_\_\_\_  
\_\_\_\_\_

**MISCELLANEOUS INFORMATION:**

How did you hear about Berea Cares? \_\_\_\_\_  
\_\_\_\_\_  
Why are you interested in becoming involved in Berea Cares? \_\_\_\_\_  
\_\_\_\_\_  
Is there a specific area in which you would like to volunteer? \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION:**

In case of an emergency, please contact:

Name \_\_\_\_\_ Relationship to me \_\_\_\_\_ Phone \_\_\_\_\_

**AVAILABILITY:**

Please circle the hours you are usually available to volunteer:

<u>Monday</u>	8:00 am-noon	Noon-5:00 pm	5:00 pm-9:00 pm
<u>Tuesday</u>	8:00 am-noon	Noon-5:00 pm	5:00 pm-9:00 pm
<u>Wednesday</u>	8:00 am-noon	Noon-5:00 pm	5:00 pm-9:00 pm
<u>Thursday</u>	8:00 am-noon	Noon-5:00 pm	5:00 pm-9:00 pm
<u>Friday</u>	8:00 am-noon	Noon-5:00 pm	5:00 pm-9:00 pm
<u>Saturday</u>	8:00 am-noon	Noon-5:00 pm	5:00 pm-9:00 pm
<u>Sunday</u>	8:00 am-noon	Noon-5:00 pm	5:00 pm-9:00 pm

Please note: During the summer, the City hosts special events such as movies, festivals, parades etc. that have longer hours.

Will you be able to stay later than 9:00 pm during the summer? YES \_\_\_\_\_ NO \_\_\_\_\_

**Please Note: Senate Bill #187 requires the city to notify all volunteers that they may be subject to fingerprinting and a criminal records check if any volunteer assignment requires unsupervised access to children or senior citizens.**

***Please read the following carefully before signing this information form:***

I understand and authorize the City of Berea to verify the information contained on my application. I release the Berea Volunteer Network, its agents' and organizations supplying information to the City of Berea, from all liability and responsibility, damages and claims of any kind arising from this investigation of my background.

I understand that misrepresentation or omissions may be cause for my immediate rejections as an applicant for a volunteer position with the Volunteer Network of Berea or my termination as a volunteer.

I understand that I may be subject to fingerprinting and a criminal background check according to Ohio State Law 187, Sec. 109.575.

I understand that this application is for and not a commitment or promise of volunteer opportunity.

I understand that all information will be considered confidential to the fullest extent allowed by law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date