

The mission of the Community Building Institute and the Robert Sonny Hill Jr Community Center is to be a primary force for creating and sustaining community revitalization in Middletown; transforming Middletown one student, one family, and one neighborhood at a time.

If you need assistance in filling out the volunteer intake form please stop in or call the Community Center our hours are Monday - Friday between 9 a.m. and 8 p.m., our address is 800 Lafayette Avenue, Middletown, Ohio 45044 and phone number is 513-425-7866. Please select all that you would be interested in volunteering for.

| | Front Desk | | | | |
|--------------|---|--|--|--|--|
| | General times needed 9:00 a.m. – 5:00 p.m. (can be broken down into shifts) | | | | |
| | Greeting the Public | | | | |
| | Answering the telephone and public inquiries | | | | |
| | Assisting the public with faxing, copying, etc. | | | | |
| | Basic receptionist and clerical duties | | | | |
| | Data Entry | | | | |
| | Basic data entry using Excel format | | | | |
| | Evening Program | | | | |
| | Front Desk (general times needed 5:00 – 8:00 p.m.), greeting guests & directing them to activities | | | | |
| | Engaging and building relationships with the youth that come in for the after school / evening programs | | | | |
| | • Leading & facilitating programs such as mentoring, boys and girls etiquette, homework help/tutoring, arts and crafts, | | | | |
| | board games, recreational activities and sports | | | | |
| | Parent Resource Center | | | | |
| | Bagging diapers and wipes | | | | |
| | Folding and bagging baby clothes | | | | |
| | Labeling books | | | | |
| | Instructing/facilitating parent meetings | | | | |
| | Parent leader, sharing early education information and material with other parents | | | | |
| | □ Employment Center | | | | |
| | Knowledge based – Requires computer & software skills (word, e-mail format, calendaring) employment | | | | |
| | opportunities and resource knowledge. Volunteer will assist public in searching for jobs, interview prep, work ethic | | | | |
| | After School Programs | | | | |
| | ☐ Rosa Parks – Assisting teachers and mentors with activities and kids (may require background check) | | | | |
| | ☐ Middletown High School – Assisting staff with program set up & tear down | | | | |
| | ☐ Speakers Groups – Professionals sharing work experience, personal stories or experiences that will help youth in | | | | |
| | their decision making | | | | |
| | ☐ Summer Camp — Assisting teachers and mentors with activities and kids (may require background check) | | | | |
| | Special Events | | | | |
| | Duties varies by event | | | | |
| Contact I | Information (Please Print): | | | | |
| First & La | ast Name: Phone Number: | | | | |
| 1 11 3t & Lo | ist NameFilone Number | | | | |
| Email Ad | dress: | | | | |
| Address: | | | | | |
| Cit | y: Zip Code: | | | | |
| CIL | 7 zip code zip code. | | | | |

Emergency Contact / Health Information:

If you become a volunteer with the Community Center and an emergency arises, whom should we contact? Please give 2 emergency contacts include the persons name, relationship to you, a phone number, and alternative phone number if they have one.

| Emergency Contact 1 (Please Print |): | | | | |
|--|---------------------------------|------------------------|---|--|--|
| First & Last Name: | Last Name: Relationship to you: | | | | |
| Phone Number: | Number: Email Address: | | | | |
| Address: | | | | | |
| City: | State: | | Zip Code: | | |
| Emergency Contact 2 (Please Print |) : | | | | |
| First & Last Name: | Relationship to you: | | | | |
| Phone Number: | | Email Address: | | | |
| Address: | | | | | |
| City: | State: | | Zip Code: | | |
| Do you have any physical limitatio | ns or under any course | of treatment which | n might limit your ability to volunteer? | | |
| [] No [] Yes, Please explain: | | | | | |
| Availability (Please Print): | | | | | |
| Do you currently volunteer with an volunteer. | y other organization? I | f yes, please list the | e name of the organization and the days/times you | | |
| At what times are you interested i | n volunteering? (Select | all that apply): | | | |
| [] Weekday Mornings (9:00 a.m | - 12:00 p.m.) | | [] Weekday Afternoons (12:00 p.m. – 3:00 p.m.) | | |
| [] Weekday Evenings (3:00 p.m. – | 8:00 p.m.) | [] Events | [] Flexible | | |
| Volunteer Background: | | | | | |
| Have you ever volunteered before | with CBI? If yes, for wha | t? | | | |
| Have you ever volunteered at a nor | nprofit before? [] No | [] Yes | | | |
| | | | ain by stating the offense, giving the date of which you ted in. (CBI may require background checks). | | |
| Will you require an official voluntee and what you did while volunteerin | = | (s) and hours you v | olunteered on, what organization you volunteered for, | | |
| Thank you for taking the time to co | mplete the volunteer ap | plication and for yo | ur interest in our organization, mission, and city. We | | |

With appreciation, CBI Staff & Board of Directors

appreciate you wanting to volunteer with CBI we will be in touch as soon as possible.