

849 W. Lies Rd., Carol Stream, IL 60188

APPLICATION TO VOLUNTEER

Name: (last, middle initial, first)	Date:
Street Address:	Home Phone:
City/State/Zip:	Work Phone:
Email:	

AVAILABILITY
 Long-term Short-term One-Time

1. Check the box for the time period(s) in the day(s) you are available.

	Monday x # of Hours	Tuesday x # of Hours	Wednesday x # of Hours	Thursday x # of Hours	Friday x # of Hours	Saturday x # of Hours	Sunday x # of Hours
Morning							
Afternoon							
Evening							

Are there any physical conditions to be taken into consideration in arranging volunteer assignments for you?	Yes	No
If "Yes", please explain:		

EMERGENCY INFORMATION

In case of emergency, contact:

Name:	Relationship:
Cell Phone:	Home Phone:

SKILLS AND INTERESTS

Current/previous work or occupation:
Previous volunteer experience:
Hobbies, interests, skills:
Special training, certification:
Who or what prompted you to volunteer?

EDUCATION

Circle highest grade completed:

Grade School	6	7	8	High School	9	10	11	12	or	GED
College	1	2	3	4	Beyond:					