



Facility/Office:

Thank you for your application expressing a desire to serve as a volunteer. Your application will be reviewed and approved by the Volunteer Coordinator and may be subject to a background check. Volunteer assignments are based upon operating needs of the facility/office.

Name:

Date of Birth:

Street Address:

City, State, Zip Code:

Area Code & Telephone:

Home: _____

Work: _____

Fax: _____

E-Mail: _____

Have you ever pled guilty to or been found guilty of any criminal offense or convicted for other than a minor traffic violation?

Yes No

(If your answer is "yes", please provide a detailed statement.)

Education/Special Training/Employment Experience:

Volunteer Experience:

Hobbies, skills, and special interest:



How did you hear about our volunteer program? _____

Why do you want to be a volunteer? _____

Do you require special accommodations? If so, please indicate. _____

Time available for volunteer services

Day	Day	Day
First Choice: _____	Second Choice: _____	Third Choice: _____
Hours	Hours	Hours
Mornings: _____	Mornings: _____	Mornings: _____
Afternoons: _____	Afternoons: _____	Afternoons: _____
Evenings: _____	Evenings: _____	Evenings: _____

References (other than family)

1. Name: _____
 Address: _____
 City, State, Zip Code: _____ Area Code & Telephone Number: _____

2. Name: _____
 Address: _____
 City, State, Zip Code: _____ Area Code & Telephone Number: _____

Person to be notified in case of emergency: _____	Relationship: _____
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I understand that all information about people served is strictly confidential and I will not violate this confidentiality while at the facility/office or in the community. Cameras, photos, or recording devices are not allowed without administrative approval and written release.

I understand that the services described herein will be provided on a voluntary basis and no agreement has been made, in writing or otherwise, to compensate me for these services.

I understand that I may be represented and indemnified as a volunteer only as determined by the Office of the Attorney General pursuant to the State Employee Indemnification Act (5 ILCS 3500/0.01 et seq.). I also agree to hold the Department harmless for any injuries which might be incurred while acting within the scope of my volunteer relationship.

I hereby certify that I do not have and shall not acquire a contract for personal services with any entity will satisfy that contract in while or in part with state funds unless an exception to this requirement has been granted.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian (if applicant is under 18): _____ Date: _____

Signature of Volunteer Coordinator: _____ Date: _____