

VOLUNTEER INFORMATION FORM

Name: _____ Date: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ Zip: _____

Emergency Contact Person and Phone: _____

WILL YOU ALLOW A BACKGROUND CHECK IF APPLICABLE? Y _____ N _____

SKILLS AND INTERESTS:

Education Background: _____

Current Occupation: _____

Hobbies, Interests, Skills, Foreign Languages: _____

Previous Volunteer Experience: _____

IS THERE A PARTICULAR TYPE OF VOLUNTEER WORK IN WHICH YOU ARE INTERESTED? CHECK ALL THAT APPLY.

| | | | |
|------------------------------------|--|----------------------------------|--|
| Doing Research or Special Projects | | No Preference | |
| Friendly Visitor | | Shopping | |
| Fundraising | | Transportation | |
| Helping in Our Office | | Working One on One with a Person | |
| Insurance Paperwork | | Working with Several People | |

IS THERE A PERSON OR GROUP YOU PREFER WORKING WITH?

| | | | | | | | |
|----------|--|---------|--|----------|--|-------|--|
| Adults | | Females | | No Pref. | | Staff | |
| Children | | Males | | Seniors | | Teens | |

WHEN ARE YOU AVAILABLE?

| | | | | | | | |
|----------|--|----------|--|------|--|----------|--|
| Weekdays | | Weekends | | Days | | Evenings | |
|----------|--|----------|--|------|--|----------|--|

Times when I can NOT volunteer: _____

ADDITIONAL COMMENTS, IF ANY: _____

HOW DID YOU HEAR ABOUT US? _____

ILLINOIS DRIVERS LICENSE NUMBER: _____

EMAIL ADDRESS: _____