

400 16th St Rock Island, IL 61201

Volunteer Application

Personal

Last Name	First	Middle	Social Security #
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Street Address	Home Telephone
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Email Address	Daytime Telephone
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List addresses held for the past 5 years. Use separate sheet if necessary.

In case of emergency, contact (name and relationship)	Phone
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Have you ever volunteered for us? If yes, include Month/Year and Position/Program

How did you hear about the volunteer opportunities at the Child Abuse Council?

Why are you interested in becoming a volunteer?

Church, clubs, or organizations in which you are presently a member: (Use separate sheet if necessary.)

List current or past volunteer activities: (Use separate sheet if necessary.)

Which of the following volunteer programs are you interested in?

- Speakers Bureau
 Community Education (Displays)
 Boot Camp for New Dads
 Lifesaver Campaign
 Special Events
 Mascot
 Office and Technology Support
 Committee (Please Specify) _____

What is your current availability for volunteer work? Please indicate all possible times.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Do you have any disability or health issue(s) which we should consider in your assignment? Yes/No

If yes, please describe:

Highest level of education completed and describe major/training:

Do you speak any language(s) other than English? Yes/No If yes, please list

Do you have your own transportation? Yes/No

*I understand that if I use my personal automobile in my volunteer service, I will arrange to keep effect automobile liability insurance equal to the minimum limits required by the State of Illinois/Iowa.

Driver's License number: _____ Issuing State: _____
Insurance Company: _____

Have you ever been convicted of a felony, including sex related or child abuse related offenses?
No/Yes, please explain.

Are you presently employed? Yes/No Full/Part time Job Title
If yes, Current employer name and address:

Past employment history:

Please list two references, indicating one personal friend or neighbor, and one employer or community organization representative (church, synagogue, service clubs, etc.).

Name and Relationship Address Telephone

1.) _____

2.) _____

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM

The confidential information on this form will help us to find the most satisfying and appropriate volunteer service for you. This form does not commit you to volunteering with the Child Abuse Council.

The Child Abuse Council does not discriminate on the basis of race, color, creed, national origin, and sex, religious or political affiliation.

The Child Abuse Council has a policy that requires volunteers to complete a background check. The background checks may vary depending on the volunteer service you choose to become involved with.

Signature

I certify to the best of my ability that the information provided on this application is true and accurate. I, also, understand that misinformation knowingly provided here and on subsequent forms as part of the process for becoming a Child Abuse Council volunteer is grounds for dismissal.

Date

Signature of Applicant

Child Abuse Council
400 16th St. Rock Island, IL 61201
309.786.1466 ext. 108
Contact: Sherry Gogulich
Rev. 03/09

O/Volunteer/Volunteer Application