



Clubs, organizations, or church in which you are presently a member:

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List current and past volunteer activities: \_\_\_\_\_

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Highest level of education completed: \_\_\_\_\_

If you have any education/training beyond high school, describe major and special interests:

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Do you speak any language(s) other than English? \_\_\_\_\_

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 in effect automobile liability insurance equal to the minimum limits required by the State of Illinois/Iowa.

Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Do you have any disability or health issues which we should consider in your assignment?

No    Yes;    If yes, please explain: \_\_\_\_\_

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

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Which of the following volunteer programs are you interested in joining?

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| _____ Speakers Bureau            | _____ Community Education (Displays) |
| _____ Lifesaver Campaign         | _____ Mascot                         |
| _____ Committee (Please Specify) | _____ Office and Technology Support  |

Why are you interested in becoming a volunteer?

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

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

	SUN.	MON.	TUES.	WED.	THURS	FRI.	SAT.
Mornings							
Afternoons							
Evenings							

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return to:**  
**Child Abuse Council**  
**525 - 16th Street**  
**Moline, Illinois 61265**  
Attn: Rondi Doyle  
or  
Fax: 309-757-8554