



You'll feel better inside.

Volunteer Application

(Please Print Clearly)

We appreciate your interest in our organization. Thank you for taking the time to complete this application.

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Today's date	For Grant Purposes Only Birth month/Day/year
Current Street Address			Home Phone	
City	State	Zip Code	Cell Phone	
E-Mail Address:	Do you check e-mail daily? Yes No		Please select a PIN # for logging in and out. It can be 2-9 digits:	
Have you ever been convicted of a felony? Yes No Note: Do not declare any sealed or expunged convictions. A conviction will not necessarily bar participation in our volunteer program but will be considered within the context of the entire application.			If yes, please explain:	
How did you hear about our volunteer program? (please circle) Friend Web Page Walk-in Family Other(please explain):			Position I am interested in:	

EMPLOYMENT

Job Title	Employer
Address	City State Zip

EDUCATIONAL DATA

School	Name & Location for each listing	No. of Years Completed	Major/Degree
High School			
College			
Graduate School			
Trade, Business or Correspondence			

VOLUNTEER EXPERIENCE

List previous volunteer experiences:
Briefly state why you would like to volunteer here.

Areas of volunteer interest (check all that apply):				
Office: <input type="checkbox"/> computer work <input type="checkbox"/> general office <input type="checkbox"/> mailings <input type="checkbox"/> library aide <input type="checkbox"/> receptionist <input type="checkbox"/> special projects	Fundraising: <input type="checkbox"/> special events <input type="checkbox"/> committee work <input type="checkbox"/> photography	Facility: <input type="checkbox"/> gardening <input type="checkbox"/> kitchen organizer <input type="checkbox"/> light maintenance	Program: <input type="checkbox"/> health fairs <input type="checkbox"/> flyer distribution <input type="checkbox"/> program hospitality <input type="checkbox"/> party assistant <input type="checkbox"/> Teen Core	Courtyard: <input type="checkbox"/> sales <input type="checkbox"/> item research <input type="checkbox"/> office/computer

Note: Orientation training is required for all volunteers.

SPECIAL SKILLS/CERTIFICATIONS

List any special skills or certifications you possess that would be an asset to Wellness House or the Courtyard.
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AVAILABILITY

Weekdays (please circle all apply):	Monday	AM	PM	Tuesday	AM	PM	Wednesday	AM	PM
	Thursday	AM	PM	Friday	AM	PM			
Weekends:	Saturday	AM	PM						

EMERGENCY CONTACT INFORMATION

Contact Name	Relationship
Day Phone	Evening Phone

ADULT VOLUNTEER APPLICANT'S STATEMENT

<p>I understand that I am applying to be an unpaid volunteer for Wellness House and that this application is not an application for employment. I understand that nothing in this application is intended to imply or create an employment relationship or a contract for employment.</p> <p>If I am accepted into Wellness House's volunteer program, I agree that I will abide by the requirements of the program, policies and procedures of Wellness House and commit to volunteer regularly for a minimum of six months.</p> <p>Signature: _____ Date: _____</p> <p>If you are under eighteen you will also need a parent or guardian to sign below.</p> <p>Signature: _____ Date: _____</p>
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REFERENCES

Please list three people, other than immediate family members whom we may contact for personal references. Please list people that have known you for a minimum of one year so they can provide a good detailed character reference. At least one of the people should be a work associate (past or present), professional person or school reference. If you are interested in working with children please make sure one of your references has children, whom you have spent time with. All references will be contacted by either phone, mail, or e-mail so please be certain to include exact information. Your application will not be processed without complete reference information. Please print clearly.

1. Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Daytime Phone: _____ Relationship to you: _____
Email: _____
2. Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Daytime Phone: _____ Relationship to you: _____
Email: _____
3. Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Daytime Phone: _____ Relationship to you: _____
Email: _____

After we receive responses from your references, you will be invited to a volunteer orientation. At that time, volunteer opportunities will be discussed so that you may choose the area in which you feel the most comfortable and productive. Wellness House requires that background checks with DCFS and Illinois State Police are completed for all volunteers.

If you have any questions, please contact the Volunteer office at 630-654-5106.