



280 Saunders Road Riverwoods IL 60015-3835

Volunteer Application

All information must be filled out completely. To check a box, double click on it to open the check field options (under default value, click "checked" and then "ok").

PERSONAL INFORMATION

Name:		Email:		
Street address:		City:	State:	Zip Code:
Home phone:	Cell phone:		Fax:	Birthdate:
Preferred method of communication:	<input type="checkbox"/> Email	<input type="checkbox"/> Regular Mail	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Cell Phone

EMERGENCY CONTACT INFORMATION

Name:	Relationship to you:
Home phone:	Cell phone:

EDUCATION

<input type="checkbox"/> am currently a student in: <input type="checkbox"/> high school <input type="checkbox"/> college as a: <input type="checkbox"/> freshman <input type="checkbox"/> sophomore <input type="checkbox"/> junior <input type="checkbox"/> senior	
<input type="checkbox"/> am not in school/graduated	
Name of current school or last school attended:	Degree:
Other trainings/certifications:	

EMPLOYMENT

I am currently <input type="checkbox"/> employed <input type="checkbox"/> unemployed <input type="checkbox"/> retired <input type="checkbox"/> student	
Name of employer (or name of parent's employer if under 18):	
Does your employer offer a time-off program for volunteers? <input type="checkbox"/> yes <input type="checkbox"/> no	Does your employer offer a donation-matching program? <input type="checkbox"/> yes <input type="checkbox"/> no

INTERESTS

Please check all the types of volunteer work you are interested in:	
Direct service with:	<input type="checkbox"/> youth <input type="checkbox"/> teens <input type="checkbox"/> adults <input type="checkbox"/> seniors
Fundraising:	<input type="checkbox"/> special projects <input type="checkbox"/> in-kind donations <input type="checkbox"/> resource development
Office assistance:	<input type="checkbox"/> filing <input type="checkbox"/> data entry <input type="checkbox"/> special projects
Special events:	<input type="checkbox"/> dances <input type="checkbox"/> community outings
Please list any interests, skills, hobbies, or talents you would like to share with our members:	

AVAILABILITY

How often would you like to volunteer with our agency?	<input type="checkbox"/> one day per week	<input type="checkbox"/> 2-3 days per	<input type="checkbox"/> twice monthly	<input type="checkbox"/> once per month	<input type="checkbox"/> special events
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Please check all the days and times you would be available to volunteer:

Monday	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon	<input type="checkbox"/> evening
Tuesday	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon	<input type="checkbox"/> evening
Wednesday	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon	<input type="checkbox"/> evening
Thursday	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon	<input type="checkbox"/> evening
Friday	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon	<input type="checkbox"/> evening
Saturday	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon	<input type="checkbox"/> evening
Sunday	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon	<input type="checkbox"/> evening

EXPERIENCE

Do you have any experience working with people with developmental disabilities? yes no
 If yes, please elaborate:

How did you hear about us?

What do you hope to gain from volunteering?

PHOTO PERMISSION AND BACKGROUND CHECK

Pictures of members, staff, and volunteers engaged in program activities are frequently taken and used for publicity purposes. Do you allow The Center permission for pictures of you to be used for this purpose? yes no

Have you ever been convicted of any criminal offense other than a minor traffic violation? (You do not need to include an arrest or conviction record that has been expunged or sealed.) yes no

For the safety of our members and The Center in general, our policy requires all volunteers 18 years and older to undergo a background check.

Do you agree to complete this form? yes no I am under the age of 18

REFERENCES

Please list 2 people to serve as references (non-relatives). One must be a professional reference (teacher, coach, supervisor, etc.).

Name:	Phone:	Relationship to you:	Years known:
Name:	Phone:	Relationship to you:	Years known:

CONFIDENTIALITY

In the course of your volunteer position at The Center for Enriched Living, you may obtain personal information concerning program members or staff members of The Center. The Center considers such information to be confidential. Please check each box below that you understand and agree to the following rules regarding confidentiality:

- All information related to or obtained from a program member shall be considered private and confidential (this includes demographic, medical, and diagnostic information as well as day-to-day incidents and behavior/service plans).
- You will respect and hold in confidence all such information you acquire at The Center and disclose or discuss information to Center employees for work related purposes only.
- You will not discuss confidential information outside of The Center or within hearing of other people who do not have a need to know about the information.
- You will neither disclose nor incorporate confidential information in any written document, except as required by a Center supervisor and within the scope of your volunteer position.
- Upon termination of your volunteer position, all documents, records, program data, and member or staff information under your control will be left with The Center.

By signing below, I certify that all statements made in this application are true and correct, and have been given voluntarily. I understand that this is a volunteer position and I will not be paid for any of my services for The Center for Enriched Living. I further understand that this position may be terminated by myself or The Center at any time with or without notice.

Signature: _____ Date: _____