



199 N First Street Wheeling, IL 60090 847-459-2670

Village of Wheeling Senior Snow Removal Program Volunteer Application Form

Name

Phone Number(s)

Date of Birth

Home Address

City

State

Zip

Employed By (if employed)

Phone Number

Address

May we call you at work? ☐ yes ☐ no

Brief description of work: _____

Formal Education (Highest year of school completed): _____

If you speak a foreign language, which one _____

Do you drive and have access to a car? ☐ yes ☐ no

Current community activities: _____

List current and previous volunteer work (list all previous volunteer work including brief description of duties and activities, dates of service:

What are your reasons for wanting to participate in the Senior Snow Removal Program?

How did you hear about our program? _____

Have you ever been convicted of a crime other than a traffic violation? ☐ yes ☐ no

If yes, what charge? _____ Date Convicted: _____ Where _____

Do you consent to a routine check of your criminal records? ☐ yes ☐ no

Please list three references of people who know you well, other than relatives, preferably from whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

| Name | Address/Zip | Phone | Relationship |
|------|-------------|-------|--------------|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |

How long have you lived in the area? _____

The Village of Wheeling reserves the right to make any checks deemed appropriate as to the suitability of an applicant. All information obtained will be held in the strictest confidence.

Applicant Signature

Date

Write a short summary about your interest in volunteering, how you hope to contribute to the Senior Snow Removal Program, and how you hope to benefit from the volunteer experience.