

VOLUNTEER APPLICATION

Full Name:					
Address:					
City:	State:	Zip:			
Phone: (Home)	(Cell)				
Email address:					
I. Skills and Interests 1. Current Occupation:					
Company's Name:					
2. Educational Background	;				
3. Hobbies, skills, interests:					
4. Previous volunteer exper	ience:				
II. Volunteering Preference 5. Please check any of the Working on group project Cleaning and/or organizir Doing administrative work Doing training with clients Working directly with a standard of the Control of	following preference s with others ng k at one of VOA of II s and/or staff	L's housing developments			

6. Please check any of the fol working	lowing individuals or g	roups with whom you are interested in			
□ Children□ Individual with disabilities□ Adults	□ Seniors□ Agency staff□ Other:	□ Veterans □ Homeless ———			
7. There are several different current opportunities to volunteer. Please check which ones interest you the most. Also, if you have ideas for a project, please let the volunteer coordinator know!					
 □ Activities with Seniors □ Organize the clothing and wellness closets □ Employment Readiness Preparation with Veterans (mock interviews, resume help, etc.) □ Clean and organize the Children's playroom □ Teach a class at one of our housing developments □ Assist with yard work at our properties □ Work at an agency event (wrap presents, fill backpacks, check people in, etc.) □ Serve a meal to Veterans □ Host a drive or collect donations □ Other □ Not sure 8. Why do you want to volunteer with Volunteers of America of Illinois? 					
	– Friday 9 a.m. – 12 p	o.m. □ Monday – Friday 1 p.m. – 5p.m. 2 p.m. □ Saturday - Sunday 1 p.m. – 5p.m.			
10. How often do you want to □ Weekly □ Monthly □ Occasi					
11. Do you have a geographic preference as to where you do volunteer work? Currently, most opportunities are available in the Chicagoland area, Joliet, and St. Louis, MO □ No □ Yes Please list preferences					
IV. Background Information 12. Are you a Veteran? □ Yes □ No	I				
13. Have you ever been convicted of a criminal offense? □ Yes □ No					
14. If you have a disability, list any accommodations you need to volunteer.					

15. Please list two non-related refe	rences that we may contact	
Name	Phone	Relationship:
Name		
16. How did you hear about Volunto □ A current volunteer or staff memb □ An ad in the newspaper □ Public Service Announcement □ Other:	per	
I verify that the above information is information is grounds for denying understand that copies of this appli which I have indicated interest. The	or terminating my volunteer cation will be sent to the Vo	placement. I further lunteers of America program in
(Volunteer's Signature)		(Date)

Please return this form to:

Volunteers of America of Illinois

Attn: Volunteer Coordinator

47 W. Polk St., Ste 250

Chicago, IL 60605

Fax: 312-564-2301

Email: info@voail.org