

**The Village Chicago
Volunteer Application**



General Information

Dr. Mr. Mrs. Ms.	Last Name:	First Name:	Middle:
Preferred Name:		Birth date: / /	

Street Address:		Apt #:
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
E-Mail:		

Person to Notify in Case of Emergency

Last Name:	First Name:	Relation:
Street Address:		Apt #:
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
E-Mail:		

How would you like to help?

- | | | |
|---|---|---|
| <input type="checkbox"/> Help in Office | <input type="checkbox"/> Gardening | <input type="checkbox"/> Service Committee |
| <input type="checkbox"/> Driver (driver forms) | <input type="checkbox"/> Snow Removal | <input type="checkbox"/> Program Committee |
| <input type="checkbox"/> Driver/Escort (driver forms) | <input type="checkbox"/> Meal Prep and Delivery | <input type="checkbox"/> LGBTQ Task Force |
| <input type="checkbox"/> Non-Driver Escort | <input type="checkbox"/> Pet Care | <input type="checkbox"/> Marketing & Communications |
| <input type="checkbox"/> Programs & Special Events | <input type="checkbox"/> Errands | <input type="checkbox"/> Membership Committee |
| <input type="checkbox"/> Home Repair/Maintenance | <input type="checkbox"/> Organizing | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Computer Assistance | <input type="checkbox"/> Visiting/Companionship | <input type="checkbox"/> Writing/Editing |
| <input type="checkbox"/> Other: | | |

Availability

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Morning(8a-12p)						
Afternoon (12p-5p)						
Evening(5p-10p)						

When are you not available?

List of Personal and/or Work References

Name:	Phone:	Title/Relation:

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Volunteer & Confidentiality Agreement/Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. As a The Village Chicago volunteer, I will agree to the following: 1) I will offer my time without monetary compensation 2) I agree to conform to all of the The Village Chicago procedures and regulations 3) I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my dismissal 4) I authorize The Village Chicago to contact my references and perform a background check 5) I agree to indemnify The Village Chicago against and hold it harmless from all loss and expense arising out of any act, neglect or fault on my part. Finally, as a Village volunteer I understand it is imperative to protect the confidentiality of all information pertaining to any Village member, non-member or other volunteer or client associated with The Village Chicago, including any unauthorized possession, use, copying, reading or disclosure of applicable records, ledgers or files.

Name (please print): _____ Date: _____

Signature: _____ SSN: _____
(For background check)

Parent Signature: _____ Date: _____
(Must be signed by parent/guardian if volunteer is under 18 years old)

Your signature indicates your agreement to adhere to these responsibilities if placed as a volunteer. The Village is not obligated to provide a placement, nor are you obligated to accept the position offered. The information you have submitted will not be given to any other parties without your permission.

Volunteer Background Check

A volunteer background check is required for all The Village Chicago volunteers and staff. We keep this information secure.

FOR OFFICE USE ONLY

Background Check confirmed: _____ By: _____

Volunteer start date: _____ Volunteer end date: _____

Notes:
