

Palatine Township Senior Citizens Council Volunteer Application

Please Print or Check Appropriate Response

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Employer/Former Employer (if retired) _____

Education: Grammar School High School College Graduate School

Skills/Interests/Hobbies: _____

Previous Volunteer Experience

Agency	Volunteer Job	Contact/Phone
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Agency	Volunteer Job	Contact/Phone
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NOTE: This section is optional. Information is collected for funding report purposes only.

Date of Birth: _____ Gender: Female Male

Race/Ethnicity: Caucasian Black Hispanic Native American Asian/Pacific Islander

Other: _____

What is your primary language? _____

Do you have any physical/medical limitations that would prevent you from fulfilling your volunteer responsibilities? _____

I would like to assist with the following programs: _____

What interests you in volunteering at the Senior Center? _____

How did you hear about the Senior Center? _____

Drivers/Shopping Assistants/Friendly Visitors/Adult Day Care Volunteers only:

Drivers License Number: _____

Auto Insurance Company and Policy Number: _____

Have you ever been convicted of a crime against a person? _____

~~~ Over ~~~

*Emergency Contact*

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Availability (Please circle all that apply)

|        |          |            |          |          |          |
|--------|----------|------------|----------|----------|----------|
| Monday | Tuesday  | Wednesday  | Thursday | Friday   | Weekends |
|        | Mornings | Afternoons |          | Evenings |          |

*References (Please list individuals who have known you at least one year)*

|       |       |              |
|-------|-------|--------------|
| _____ | _____ | _____        |
| Name  | Phone | Relationship |

|       |       |              |
|-------|-------|--------------|
| _____ | _____ | _____        |
| Name  | Phone | Relationship |

*Volunteer Code of Conduct:*

As a volunteer, I understand that I represent the Palatine Township Senior Citizens Council and agree to act in a manner that is professional and responsible. I will not repeat confidential information I may learn as a volunteer and will inform my staff supervisor immediately of any issues or concerns that arise during my volunteer work. I will accept constructive feedback on my performance and participate in any training that is required for my volunteer position.

I also understand that I am part of the staff team and am entitled to adequate training, support and guidance in my volunteer work.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Drivers/Shopping Assistants/Friendly Visitors/Adult Day Care Volunteers Only:*

I understand that the Palatine Township Senior Citizens Council conducts Background and Driving Records checks and give my permission for the Council to conduct these inquiries.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

|                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Office Use Only</b></p> <p><b>Date of Interview:</b> _____ <b>Interviewed By:</b> _____</p> <p><b>Volunteer Position:</b> _____</p> <p><b>Date Started:</b> _____</p> |
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