



Palatine Township
Senior Citizens Council

VOLUNTEER APPLICATION

BIOGRAPHICAL INFORMATION				
Name Last		First	Mi	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Street Address		City	State	Zip Code
Date of Birth / /	Home Phone ()	/	Cell Phone ()	Email Address
Occupation & Employer (If retired, list previous employer):				
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()		

VOLUNTEER HISTORY AND INFORMATION
Do you currently volunteer, or have you in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please describe your volunteer experience and include the dates of volunteer service: _____

Are you interested in a particular volunteer program? Check all that apply:
<input type="checkbox"/> Adult Day Care <input type="checkbox"/> Board of Directors <input type="checkbox"/> Building Maintenance <input type="checkbox"/> Escort Transportation <input type="checkbox"/> Friendly Visitor <input type="checkbox"/> Gift Shop <input type="checkbox"/> Greeter <input type="checkbox"/> Hispanic Group <input type="checkbox"/> Office <input type="checkbox"/> Shopping Assistant <input type="checkbox"/> Special Events <input type="checkbox"/> Trip Leader <input type="checkbox"/> Meals on Wheels
Do you have any physical/medical limitations that would prevent you from fulfilling your volunteer responsibilities? _____

How did you hear about PTSCC? _____

EDUCATION
Education: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Graduate School
Skills/Interests/Hobbies (please include language skills): _____

What is your primary language? _____

DRIVER INFORMATION

(Necessary only for volunteers in the Shopping Assistant, Friendly Visitor, and Escort Transportation programs)

Driver's License Number: _____ State: _____

Auto Insurance Company and Policy Number: _____

Have you ever been convicted of a crime? Yes No

If yes, please provide further information: _____

REFERENCES

(Please list non-relatives who have known you at least one year)

Name Phone Relationship

Name Phone Relationship

EMERGENCY INFORMATION

Emergency Contact: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____

VOLUNTEER AGREEMENT

I certify that the above information is correct. I understand that misrepresentation may result in the forfeiture of the volunteer position.

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 I 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: _____

Office Use Only:

Date of Interview: _____ Interviewed By: _____

Volunteer Position: _____