

# Palatine Township Senior Citizens Council Volunteer Application

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## BIOGRAPHICAL INFORMATION:

Name: \_\_\_\_\_ Gender:  Female  Male  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Occupation & Employer (If retired, list previous employer): \_\_\_\_\_  
\_\_\_\_\_  
May we contact you at work?  Yes  No Work Phone: \_\_\_\_\_

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## EDUCATION AND INTERESTS:

Education:  Grammar School  High School  College  Graduate School  
Skills/Interests/Hobbies (please include language skills): \_\_\_\_\_  
\_\_\_\_\_  
What is your primary language? \_\_\_\_\_

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## VOLUNTEER HISTORY AND INFORMATION:

Do you currently volunteer, or have you in the past?  Yes  No  
If so, please describe your volunteer experience: \_\_\_\_\_  
\_\_\_\_\_  
What interests you in volunteering for PTSCC? \_\_\_\_\_

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Are you interested in a particular volunteer program? Check all that apply:

- Friendly Visitor     Adult Day Care     Shopping Assistant     Escort Transportation  
 Gift Shop     Greeter     Office     Board of Directors  
 Special Events     Our Place Café     Home Delivered Meals Drivers

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

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How did you hear about PTSCC? \_\_\_\_\_

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(over)

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**DRIVER INFORMATION** (*Necessary only for volunteers in the Shopping Assistant, Friendly Visitor, Escort Transportation programs, and Home Delivered Meal Drivers*):

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Auto Insurance Company and Policy Number: \_\_\_\_\_

Have you ever been convicted of a Felony or Misdemeanor?  Yes  No

If Yes, provide date, place, offense and outcome. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**EMERGENCY INFORMATION:**

Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

\_\_\_\_\_  
Name Phone Relationship

\_\_\_\_\_  
Name Phone Relationship

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**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: \_\_\_\_\_

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**Office Use Only: Date Received:** \_\_\_\_\_

**Date of Interview:** \_\_\_\_\_ **Interviewed By:** \_\_\_\_\_

**Volunteer Position:** \_\_\_\_\_