



## Volunteer Application

All information in this document is confidential.

Please Print

Name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Physical Limitations: \_\_\_\_\_

### **VOLUNTEER EXPERIENCE**

Interests, Skills, Hobbies: \_\_\_\_\_

Clubs/Organizations you belong to: \_\_\_\_\_

Your Availability: Hours per week/month \_\_\_\_\_ Preferred Days: \_\_\_\_\_

Have you volunteered before?  Yes  No Position: \_\_\_\_\_

Describe the work: \_\_\_\_\_

Agency: \_\_\_\_\_ May we contact the Agency?  Yes  No

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_ School: \_\_\_\_\_

### **EMPLOYMENT HISTORY**

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date Employment Began: \_\_\_\_\_

Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

May we contact employer?  Yes  No Describe Duties: \_\_\_\_\_

Does your employer have a community partnership with a nonprofit organization?  Yes  No

**REFERENCES** (Personal or Professional, not a relative)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**IN CASE OF EMERGENCY**

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

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

**DRIVING INFORMATION**

If you volunteer for a position that requires driving, ILADD, Inc. requires a valid driver's license and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one?  Yes  No

I agree to provide a valid driver's license number and proof of automobile insurance. I agree to mail or deliver copies of these documents to ILADD, Inc. I will immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked or expired.

Insurance Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONFIDENTIAL INFORMATION**

Have you in the past year used illegal or prescription drugs unlawfully?  Yes  No

Have you ever been convicted of a criminal offense, other than a minor traffic offense?  Yes  No

Have you ever been charged with neglect, abuse, assault, or any sexual offense?  Yes  No

Has your driver's license ever been suspended or revoked?  Yes  No

I agree that ILADD, Inc. may verify any of the information provided by me in this Application. I also agree that ILADD, Inc. may conduct a driver's license and motor vehicle record check. I also understand and agree that ILADD, Inc. will conduct a background screening by Barada Associates Inc. in connection with this Application and agree to provide all necessary information to conduct such check.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENTAL CONSENT** (To be completed if Applicant is under 18 years of age)

I give my consent for my child, named on page one of this Application, to provide volunteer services to ILADD, Inc. I also give ILADD, Inc. permission to obtain any emergency medical treatment necessary for the safety of my child.

**Printed name of Parent/Guardian** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_