



Volunteer Application

Name: _____ Day Phone: _____ Eve. Phone: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Email Address: _____

In case of emergency, notify/relationship: _____ Phone: _____

Medical limitations (if any): _____

Volunteer Preferences:

- Thrift Store
Hours: Monday-Saturday
10:00am-5:00pm
__ Palatine
__ Cary
__ McHenry
__ Woodstock
- Maintenance/
Landscaping/Gardening
Office
__ Crystal Lake Shelter
__ McHenry Shelter
__ Waukegan Apt.
- Fundraising/Special
Events/Projects
- Board of Directors
- Design a Project or
Fundraiser
- General Office
__ Crystal Lake
- Assist with Bulk
Mailings/Data Entry
__ Crystal Lake
- Respite Child Care
__ Crystal Lake Shelter
__ McHenry Shelter
- Book Buddy
__ Crystal Lake Shelter
__ McHenry Shelter
- Shelter
__ Crystal Lake Shelter
__ McHenry Shelter
__ Transportation
- Tutor/Educator
__ Crystal Lake Shelter
__ McHenry Shelter
- Group Service Project
__ Crystal Lake Shelter
__ McHenry Shelter
__ Waukegan Apt.

Availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Employer:

Company Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

I have volunteered in the past YES NO Where/How Long? _____

What were the rewards or challenges? _____

I would like to volunteer because: _____

What life experiences have you had that you feel would make you a good volunteer? _____

My hobbies and interests are: _____

I can speak the following language/s: _____

I can read/write the following language/s: _____

How did you hear about us? _____

Please complete the reverse side of this application

Interviewed by: _____

Approval Date: _____

Notes: _____

As a volunteer of Home of the Sparrow, with a legitimate need to know client information in the performance of my duties for Home of the Sparrow, I agree to the following stipulations:

1. I shall abide by all policies and procedures regarding client confidentiality.
2. I shall never in verbal or written exchange, divulge information regarding Home of the Sparrow clients or names of clients which I have learned in the performance of my assignment.
3. If I should encounter a Home of the Sparrow client in the community, I will not acknowledge, recognize or initiate a conversation with that client.
4. I shall consider the promises binding henceforth, even upon terminating my volunteer status with Home of the Sparrow.
5. I understand that aside from moral considerations, I am legally responsible and liable in the event that I break this trust agreement.
6. Have you ever been convicted of an offense involving the intentional infliction of physical injury upon a child, sexual abuse of a child or child abduction under the laws of this state or any other state? YES NO
7. Have you ever been convicted of a felony? YES NO

A YES response to either of the above questions automatically disqualifies you from volunteering for HOS.

If you answered YES, please discontinue filling out this form. If you answered NO, please continue completing the rest of this form.

All Volunteers are subject to a Background Check. I give permission for a Background Check.

Social Security #: _____ Drivers License #: _____

(All information is kept confidential and numbers will be erased after background check has been completed.)

I affirm under penalty or perjury, that the answers to the above questions are truthful. I certify that information contained in this application is complete and truthful to the best of my knowledge. I understand to falsify information is grounds for refusal.

I understand that my volunteering is terminable at will at any time by either myself or Home of the Sparrow, with or without cause. I also understand this application represents no contractual agreement of any type. I authorize any person or organization listed on this application to provide any information with regard to my past or current association and release said entity from any liability for disclosing information about me.

Signature _____ Date _____

If a volunteer is under the age of 18, a parent or legal guardian must sign below, accepting the terms of this agreement.

Signature Of Parent/Guardian _____ Date _____

Please return this form to:

Home of the Sparrow, Attn: Volunteer Coordinator, 6213A Factory Road, Crystal Lake, IL 60014

Fax: 815-444-1436 Phone: 815-444-1660x26

Interviewed by: _____
Approval Date: _____
Notes: _____