Palatine Township Senior Citizens Council
Volunteer Application

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: _____

EDUCATION AND INTERESTS:

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

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

☐ Adult Day Care ☐ Gift Shop ☐ Office
☐ Board of Directors ☐ Greeter ☐ Special Events
☐ Café ☐ Home Delivered Meals Driver

Do you have any physical/medical limitations that would prevent you from fulfilling your volunteer responsibilities? _____
_____
How did you hear about PTSCC? _____

(over)

DRIVER INFORMATION *(Necessary only for volunteers for 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. _____
_____
_____

EMERGENCY INFORMATION:

Emergency Contact: _____
Home Phone: _____ Cell Phone: _____
Relationship: _____

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

_____	_____	_____
Name	Phone	Relationship
_____	_____	_____
Name	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 Received:_____
Date of Interview: _____ Interviewed By: _____
Volunteer Position: _____