

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:

- 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? _____

How did you hear about PTSCC? _____

(over)

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 crime? Yes No

If yes, please provide further information: _____

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
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_____	_____	_____
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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: _____

Office Use Only: Date Received: _____
Date of Interview: _____ Interviewed By: _____
Volunteer Position: _____