



**VOLUNTEER APPLICATION**  
 Community Support Services  
 9021 Ogden Avenue  
 Brookfield, IL 60513  
 708.354.4547 fax:708.387.0756  
 www.communitysupportservices.org

**PERSONAL INFORMATION**

Last Name	First Name	Middle Initial	Today's Date	Birth month/day:
Current Street Address			Home Phone	
City		Zip Code	Alternate Phone	
E-mail Address			How often do you check e-mail?	

**EMPLOYMENT INFORMATION**

Employer	Position
Work Phone	May we contact you at work?

**EMERGENCY INFORMATION**

Emergency Contact	Phone Number	Relationship
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**VOLUNTEER INFORMATION**

How did you hear about our volunteer program?

Do you require any special accommodations to volunteer?

Previous Volunteer Experience:

Do you speak/write any languages in addition to English?	If so, please list
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**Special Skills** (mark all that apply):

<input type="checkbox"/> Typing/Filing	<input type="checkbox"/> Painting	<input type="checkbox"/> Sewing	<input type="checkbox"/> Home Repair
<input type="checkbox"/> Event Planning	<input type="checkbox"/> Photographer	<input type="checkbox"/> Computers	<input type="checkbox"/> Gardening
<input type="checkbox"/> Arts/Crafts	<input type="checkbox"/> Advocacy	<input type="checkbox"/> CPR/First Aid	
<input type="checkbox"/> Mailings	<input type="checkbox"/> Spanish translation (written/verbal)		

Others Please indicate: \_\_\_\_\_

<p><b>Special Events</b></p> <input type="checkbox"/> Raffle Ticket Sales <input type="checkbox"/> Planning Committee <input type="checkbox"/> Pre-event Preparations <input type="checkbox"/> Event Day Set-up <input type="checkbox"/> Help during event <input type="checkbox"/> Breakdown of events <input type="checkbox"/> Event follow-up <input type="checkbox"/> Golf Outing (August) <input type="checkbox"/> Phon-a-Thon <input type="checkbox"/> Tag Days (fall)	<p><b>Office/Facility</b></p> <input type="checkbox"/> Work Day at CILA homes <input type="checkbox"/> Gardening <input type="checkbox"/> Computer Work <input type="checkbox"/> Filing <input type="checkbox"/> Mailings <input type="checkbox"/> Flyer Distribution <input type="checkbox"/> Special projects
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**AVAILABILITY**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURUDAY	SUNDAY
Daytime Indicate Hours Available							
Evening Indicate Hours Available							

Have you even been convicted of a felony?

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

I understand that I am applying to be an unpaid volunteer for Community Support Services and that this is not an application for employment. I hereby release Community Support Services, its officers, directors, employees, volunteers and participants from any liability for any loss cost or damage to me or my property arising out of or in connection with my volunteer assignment. I certify that all answers given by me are true, complete and correct. I authorize Community Support Services to complete a background and reference check if pertinent to the volunteer program area. If I am accepted as a volunteer, I agree to abide by the requirements of the program and the agency policies and procedures for Community Support Services' volunteers.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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For internal use only:

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Background/Reference Checks Completed: \_\_\_\_\_ Date: \_\_\_\_\_

Illinois State Police: \_\_\_\_\_ Personal Reference: \_\_\_\_\_ Professional Reference: \_\_\_\_\_

Volunteer Start Date: \_\_\_\_\_ Volunteer End Date: \_\_\_\_\_

Number of Volunteer Hours Provided: \_\_\_\_\_