



251 N Center St
 Joliet, IL 60435
 (815) 723-9713

Volunteer Application Form

Please return this form electronically or by mail- 251 N Center St, Joliet, IL or fax 815-729-3255.

All information will be **kept confidential** and will be used by Senior Services of Will County

General Information (PLEASE PRINT CLEARLY)			
First Name:	Middle Initial:	Last Name:	
Date of Birth (MM/DD/YYYY):		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Address:		Apt:	
City:	State:	Zip Code:	
Home Phone:	Cell Phone:	Work Phone:	
Email Address:			
Preferred contact method: <input type="checkbox"/> Home Phone <input type="checkbox"/> Email <input type="checkbox"/> Cell Phone <input type="checkbox"/> Text			
Have you ever been convicted of an offense? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please explain:			
Area(s) of Interest-Please check all that apply. *Note-Not all positions are available at all times and in all areas.			
<input type="checkbox"/> Call Matchers	<input type="checkbox"/> Clerical/ Administration	<input type="checkbox"/> Special Events	
<input type="checkbox"/> Fundraising/ Donations	<input type="checkbox"/> Presentations/ Public Speaking	<input type="checkbox"/> AARP Tax Aide	
<input type="checkbox"/> Volunteer Driver	<input type="checkbox"/> Creative/ Graphics Art Designer	<input type="checkbox"/> Class Instructor	
<input type="checkbox"/> Safe At Home Technician	<input type="checkbox"/> Activities/ Recreations	<input type="checkbox"/> Bi-Lingual	
Previous Experience			
Have you previous <u>volunteered</u> with Senior Services of Will County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you previously <u>worked</u> with Senior Services of Will County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you provide a resume or bio (if available)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached			
Please list any skills, qualifications, certificates, or training that might be applicable (e.g. accounting, public speaking, typing, etc.):			
How did you hear about the volunteer program at Senior Services? (Check all that apply)			
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Called/Dropped in	<input type="checkbox"/> Park District	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Poster/Flyer	<input type="checkbox"/> Senior Services Staff	<input type="checkbox"/> School	<input type="checkbox"/> Library
<input type="checkbox"/> Public Event	<input type="checkbox"/> Friend/ Relative	<input type="checkbox"/> Internet	<input type="checkbox"/> Radio
<input type="checkbox"/> Village Hall	<input type="checkbox"/> Agency Volunteer	<input type="checkbox"/> Other:	

Availability- Please list the times you are typically available		
Day	Time	
	From	To
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Please Indicate your commitment level:

- Ongoing
- 6 months to 1 year
- Less than 6 months
- Available Short Notice
- Other:



****If you are not a volunteer driver please skip this section. ****

Volunteer Driving Requirements- Must meet <u>ALL</u> of the following requirements.		
<input type="checkbox"/> 21 Years of Age or Older	<input type="checkbox"/> Have 3+ Years Driving Experience	
<input type="checkbox"/> Valid Driver's License	<input type="checkbox"/> Own Reliable Vehicle	
<input type="checkbox"/> Proof of Insurance	<input type="checkbox"/> Agree to a Background Check	
Auto Information-You will be asked to show proof of insurance and registration at orientation.		
Vehicle Make:	Model:	Year:
Auto Insurance Company:		Auto Policy Number:
Driver's License Number:		Expiration Date:
What type of vehicle do you drive? <input type="checkbox"/> Sedan <input type="checkbox"/> Van <input type="checkbox"/> SUV <input type="checkbox"/> Truck		
Can you accommodate a folding walker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you accommodate a lightweight wheelchair? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any driving or lifting restrictions?		
How many miles are you willing to travel? <input type="checkbox"/> 5-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21+		
Emergency Contact		
First Name:		Last Name:
Relationship:		Daytime Phone:
Ride Matching Assignment Preference		
<input type="checkbox"/> Self-Assigning Online Signup		<input type="checkbox"/> Matched by Weekly Phone Calls

Volunteer Agreement
<u>ALL Volunteers</u> must sign the below agreement.
<p>I understand that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information will result in denial or termination of volunteer activities and other penalties as provided under the law. I also understand that I am not an employee of Senior Services of Will County and its sponsors and agree to serve without compensation.</p> <p>I authorize the release of information to Senior Services related to my potential volunteer responsibilities and I release all parties from any liability resulting from the release of such information. I agree that any information regarding a client learned through conversations or contained in a client's file is confidential information. No information should be released to anyone (including family members) without proper authorization. Any volunteer that violates the confidentiality of any client will be terminated from volunteering at Senior Services of Will County.</p> <p>I release Senior Services of Will County, it's employee's, agents, volunteers, donors, and sponsors from any and all claims resulting from my participation as a volunteer with Senior Services.</p> <p>Signature: _____ Date: _____</p> <p><input type="checkbox"/> Check Here for Digital Signature</p>

FOR OFFICE USE ONLY
Safe At Home: <input type="checkbox"/> Small Projects <input type="checkbox"/> Large Projects
AARP Tax Aid: <input type="checkbox"/> Portal Certification <input type="checkbox"/> Pass <input type="checkbox"/> Failed
Volunteer Driver: <input type="checkbox"/> Background Check <input type="checkbox"/> Car Insurance <input type="checkbox"/> Registration <input type="checkbox"/> Driver's License <input type="checkbox"/> Vehicle Inspection