



Community Outreach
Volunteers NFP,

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VOLUNTEER APPLICATION
For Short-Term Volunteers

Thank you for volunteering at Community Outreach Volunteers. It is our policy to treat volunteers with the same professional consideration given to our paid staff. All information provided here will be kept confidential.

Date _____

Personal Statistics

First Name _____ Middle Initial _____

Last Name _____ Maiden Name _____

Home Address _____

City, State, Zip Code _____

Daytime Phone Number _____ Evening Phone Number _____

E-mail Address _____

Date of Birth (Month/Year) _____

Employer _____ Position _____

Address _____

City, State, Zip Code _____

Emergency Information

In the case of an emergency, please contact:

Name _____ Relationship _____

Phone Number _____ Alt. Phone Number _____

Are there any health conditions that we should know about (i.e. drug, insect or food allergies, chronic illness, etc.)? If yes, please explain.

Requirements

Have you ever been convicted of a criminal offense (other than minor traffic violations)? ___ Yes ___ No

If yes, please explain. _____

Have you ever been indicated as perpetrator in a child abuse/neglect investigation? ___ Yes ___ No
If yes, please explain. _____

Release

As a volunteer for Community Outreach Volunteers (Agency), I agree to the following:

1. I understand that my services are donated without any anticipation of remuneration of any kind with the possible exception of reimbursement of expenses as approved by the Agency.
2. I understand that confidential information I may obtain directly or indirectly concerning families, children, or personnel must not be shared with anyone who does not have a need to know the information. This includes but is not limited to personal identification numbers, case specifics, addresses, telephone numbers, financial and health related information.
3. I understand that I am here at will, and that either I or Community Outreach Volunteers may discontinue my volunteer relationship with the Agency at any time.
4. I understand that Community Outreach Volunteers does not assume liability or responsibility for my health and safety during my work with the Agency. My work with the Agency is voluntary and under my own discretion.
5. I authorize Community Outreach Volunteers to use and publish photographic portraits or pictures of myself through any medium for the purposes of advertising and/or publicizing the programs and services of the agency.

Signature

Date

Are you interested in learning more about ongoing volunteer opportunities at Community Outreach Volunteers?

If yes, please describe your interest. _____

For Office Use Only

Date	Duty	Supervisor	Notes