



Community Outreach
Volunteers NFP,

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Volunteer Application

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

Date: _____

Personal Statistics

First Name: _____ Middle Initial: _____ Last Name: _____

Home Address: _____ City, State, Zip Code: _____

_____ How long at this address? _____

Home Phone: _____ Work Phone: _____ Cellular Phone: _____

Email Address: _____ Date of Birth _____

Employer: _____ Position: _____

Education (Please indicate highest degree obtained and areas of study)

Specializations/ Certifications/ Areas of Strength

Volunteer Interests

Why are you interested in volunteering with Community Outreach Volunteers?

What skills, training, or knowledge do you wish to utilize while volunteering?

What are you interested in doing as a volunteer?

Please describe any past volunteer experience.

For students, describe any course requirements, as they relate to volunteering at Community Outreach Volunteers.

Please indicate your volunteer preferences by checking the appropriate boxes.

Volunteer Position Interests		Days available (Indicate times)
<input type="checkbox"/> Office Support (filing, copying)	<input type="checkbox"/> Program Support	Monday
<input type="checkbox"/> Computer Aid	<input type="checkbox"/> Special Events	Tuesday
<input type="checkbox"/> Arts/Crafts	<input type="checkbox"/> Leadership Role	Wednesday
<input type="checkbox"/> Funding Development	<input type="checkbox"/> One-On-One	Thursday
<input type="checkbox"/> Bi-Lingual (_____)	<input type="checkbox"/> Group Setting	Friday
<input type="checkbox"/> Other (_____)	<input type="checkbox"/> Other (_____)	Saturday Sunday

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.

References

Please list the name and contact information of three personal references and one professional reference.

Name _____ Name _____
Phone number _____ Phone number _____
Relationship _____ Relationship _____

Name _____ Name _____
Phone number _____ Phone number _____
Relationship _____ Relationship _____

Requirements

Volunteers who may come into contact with children will be required to have an updated health screen and TB. A fingerprint background check related to child abuse & neglect will be required of all regular volunteers. If you are interested in transporting clients, a copy of your valid driver's license and vehicle insurance card will be required.

If you agree to comply with these requirements, please initial here. _____

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

I have completed the information requested on this application to the best of my knowledge. I understand that this application is the first step in a process and that it does not indicate that I have been accepted as a volunteer. I authorize Community Outreach Volunteers to check the character references, current or past employment references, my background and other information supplied on this application. I understand and agree that by submitting this application, I authorize Community Outreach Volunteers to evaluate my application as a volunteer. Any information obtained will be used only for that purpose and will be held in the strictest confidence. I further understand that I will not be paid for my services to Community Outreach Volunteers and that my volunteer status may be terminated at the discretion of Community Outreach Volunteers.

Signature

Date

For office use only:

References Requested: 1. _____ 2. _____ 3. _____
4. _____

References Received:

1. _____ 2. _____ 3. _____ 4. _____

Fingerprinting Date: _____ Cleared: _____ Denied: _____ DMV Date: _____ Cleared _____ Denied _____

Medical Clearance Date: _____ TB Test: _____ Drug Screen: _____

For Volunteers Interested in Mentoring

- 1. Indicate your grade preference:
___ Elementary
___ Jr. High/Middle School
___ High School

2. What do you feel are the strengths (bilingual, math skills, previous relevant volunteer experience, etc.)

you can bring to this program?

3. Write a brief statement on why you have chosen to participate in the mentor program.

4. Why do you want to become a mentor?

5. Please list any hobbies or interests you may have:

6. What would you like to do with a mentee?

7. What type of setting (community based or agency site) would you prefer for your mentoring match?

8. What clubs or groups, if any, do you belong to?

9. My favorite subject in school was

10. My least favorite subject in school was

11. Please put an X by the activities you enjoy the most:

- Playing sports such as _____
- Watching sports such as _____
- Writing _____
- Reading _____
- Listening to music such as _____

- Photography _____
- Attending plays _____
- Going to the movies _____
- Arts and crafts _____

- Visiting zoos and parks _____
- Visiting museums _____
- Using computers _____
- Playing games _____
- Cooking _____
- Exploring possible careers _____
- Hiking and seeing nature _____
- Other _____

11. What qualities would you like in a mentee? _____

12. What individual has served as a role model for you? Why? _____

13. If you could recommend one book for your mentee to read, what would it be?

14. What would you be interested in learning more about in order to form a successful mentoring relationship? (Ex. Drug and alcohol prevention)

15. When would you be available to attend mentor/ volunteer training sessions?

___ Weekdays ___ Weekday Evenings ___ Saturday mornings ___ Other _____

Initial the two statements below:

_____ I understand that the mentor program involves spending a minimum of six hours per month, meeting at least every other week, with one Community Outreach Volunteers client.

_____ I understand that I will be required to complete the mentor program orientation and training.

Signature

Date