



Volunteer Application

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone 1: _____ Phone 2: _____

Email: _____ Sex: ☐ MALE ☐ FEMALE ☐ DECLINE TO ANSWER

Race: ☐ AFRICAN AMERICAN ☐ AMERICAN INDIAN/ALASKAN NATIVE ☐ ASIAN
☐ CAUCASIAN ☐ HISPANIC/LATINO ☐ OTHER

Emergency Contact: _____ Relationship: _____
Last First M.I.

Emergency Phone 1: _____ Emergency Phone 2: _____

Emergency Email: _____

Are you a citizen of the United States? ☐ YES ☐ NO Have you ever been convicted of a felony? ☐ YES ☐ NO

If yes, explain: _____

Volunteer Positions Interested in: ☐ FOSTER GRANDPARENT ☐ GIFT SHOP / PROGRAMS ☐ SPECIAL EVENTS
☐ ILLINOIS SENIOR GAMES ☐ MEAL DELIVERY ☐ MONEY MANAGEMENT

Days Available: ☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY

Would you consent to a background check? ☐ YES ☐ NO If yes, would you be willing to donate the funds needed to perform a background check? ☐ YES ☐ NO

Education & Employment History

What is the highest level of education you have attained? HIGH SCHOOL ☐ ASSOCIATES ☐ BACHELORS ☐ ADVANCED DEGREE ☐

Profession/Work Experience: _____

Are you currently Employed? FULL TIME ☐ PART TIME ☐ RETIRED ☐ SEEKING EMPLOYMENT ☐ NOT EMPLOYED ☐

Current Employer: _____

Employer Address: _____ Employer Phone: _____

May we contact you at work? YES ☐ NO ☐

Volunteer History

Organization: _____ Dates: _____

Role & Responsibilities: _____

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Role & Responsibilities: _____

References

Please list three references that have known you for at least one year. Do not include relatives.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Email: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Email: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Email: _____

Assumption of Risk

As a volunteer of Senior Services of Central Illinois, I hereby expressly assume the risk of injury or harm from my volunteer duties and release ALL participating entities from all liability for injury, illness, death, or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services for Senior Services of Central Illinois.

Initials: _____ Date: _____

Photographic Release

I grant and convey to the event organizers all rights, title, and interest in any and all photographs, images, video, and audio in connection with my providing volunteer services for Senior Services of Central Illinois.

Initials: _____ Date: _____

Confidentiality Agreement

I, as a volunteer of Senior Services of Central Illinois (SSCI), understand from time-to-time I may receive information that is of a confidential nature. I understand that many of the issues discussed with SSCI employees and/or clients are private and confidential and not meant to be discussed outside of SSCI's walls. SSCI must maintain confidentiality with our clients and confidentiality with our personnel and fiscal issues. Breaching of this confidentiality to the public or to employees who have no authority to know information about their peers could cause grave danger to our clients and/or to our agency. I understand that it is my responsibility to hold such information in confidence and I will not discuss said information with any person who is not an elected/appointed officer, director or SSCI's Executive Director.

Initials: _____ Date: _____

Other

As a volunteer of Senior Services of Central Illinois, I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Illinois. I agree that in the event that any clause or provision of this release is deemed invalid, the enforceability of remaining provisions of this release shall not be affected.

Initials: _____ Date: _____

Disclaimer and Signature

I understand that the references listed above will be contacted and that Senior Services of Central Illinois will do a background check on qualified applicants. I consent to the release of all relevant information concerning my ability and fitness to work as a Senior Services of Central Illinois volunteer.

I certify that the information given herein is accurate to the best of my knowledge. I understand that this information will be held in confidence within Senior Services of Central Illinois and the program for which I am applying to volunteer. This information will not be released to any other person or agency.

Signature: _____ Date: _____

Signature of Guardian if applicant
is under 18 years of age: _____ Date: _____

Submission Information

Please submit completed application and any additional requested documentation, such as program specific documentation and agreements to Tessa French at t.french@ssoci.org or Senior Services of Central Illinois, Attn: Tessa French, 701 West Mason, Springfield, IL 62702.

If you have additional questions or concerns, please contact Tessa French at (217) 528-4035, ext. 1170.