



VOLUNTEER APPLICATION

“The Mission of Helping Hand Center is to assist persons with disabilities achieve their highest level of independence through quality programs and services.”

Helping Hand Center is an Equal Opportunity Employer & does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state/ local law.

Helping Hand Center complies with Section 504 of the Rehabilitation Act of 1973, as amended, 26 U.S.C. 794, which prohibits discrimination on the basis of handicap. Assistance in completing this application is available to any individual. Sign interpreter will be available upon request for the hearing impaired.

Name: _____

E-mail: _____

Address: _____

City/ State/ Zip Code: _____

Home Phone: _____ Work or Cell Phone: _____

Preferred method of contact (please check): Home Phone Work/ Cell Phone E-Mail

Referred By: _____

In case of an emergency, please list the information of who should be contacted:

Name: _____ Phone: _____

Relationship: _____

Please check: Employed Retired Student Other

Employer/ School: _____

Work/ School Address: _____

Phone: _____ Occupation/ Major: _____

If you are volunteering for a school requirement, please complete the following:

Contact Name: _____

Number of Required Hours: _____ Projected Start/ End Date: _____

Please indicate the day(s) and time(s) you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM Hrs.							
PM Hrs.							

I can commit to volunteering: Daily Weekly Monthly Other

Programs I am interested in:

(check the website for program descriptions www.hhcenter.org)

- | | |
|---|------------------------------|
| Special Recreation After Hours | Office/Administrative Work |
| Annual Events | SubCon (LaGrange) |
| Special Project (Groups) | Thrift Shop (in Brookfield) |
| Peer Volunteer (for volunteers ages 3-22) | Evans Center (in Homer Glen) |

Have you worked or volunteered at Helping Hand previously? If so, when?

Describe any experience you have working with children, adults, and/or people with disabilities, etc.

List foreign languages (including sign language), special interests, or experience you have that would contribute to your volunteer activities.

Please describe any physical restrictions we should be aware of regarding your volunteer assignments.

Please list one reference, other than a family member, whom we may contact.

Name: _____ Phone: _____

E-mail: _____ Relationship: _____

NOTICE TO VOLUNTEER APPLICANT

I understand that in order to receive proper consideration to become a Helping Hand volunteer:

- 1. All items must be answered accurately;**
- 2. Any misrepresentation shall be considered a cause for dismissal;**
- 3. I must pass a required background check**
- 4. A TB test may be required for volunteers working directly with Helping Hand's consumers;**
- 5. I grant permission for my employer or personal references listed to verify and release information to Helping Hand Center or its representatives regarding my qualifications to become a Helping Hand volunteer.**

Signature of Applicant: _____ Date: _____

Signature of Legal Guardian (if under 18): _____ Date: _____

For Internal Use Only

- ___ Application Received _____
- ___ Background Check Approved _____
- ___ HIPAA/ Abuse-Neglect Sign-Off Completed _____
- ___ Training Completed _____
- ___ Volunteer Handbook/ Agreement Received _____

Start Date _____

Location/Assignment _____