



# Volunteer Application

## PART I

Date: \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Group Name/Church (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Birthday: \_\_\_\_\_

### WHY ARE YOU INTERESTED IN VOLUNTEERING FOR THE CRISIS CENTER?

### EDUCATION

Education Completed: \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ Other \_\_\_\_\_

Are you currently in school? \_\_\_yes\_\_\_no If yes, where? \_\_\_\_\_

### EMERGENCY INFORMATION

Please list two emergency contacts:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### AVAILABILITY

Please circle the days that you are able to volunteer: Mon Tues Wed Thur Fri Sat Sun

Time available (please circle): morning afternoon evening Other: \_\_\_\_\_

*\*Neat Repeats stores requires five-hour shifts*

### EMPLOYMENT

Are you currently employed? \_\_\_yes\_\_\_no If yes, where? \_\_\_\_\_

Type of business: \_\_\_\_\_

Previous Employment: \_\_\_\_\_

## PART II

### MEDICAL HISTORY

Do you have any physical limitations? \_\_\_yes\_\_\_no If yes, please list: \_\_\_\_\_

\*Are you able to lift 20 lbs.? \_\_\_yes\_\_\_no \*required for volunteer positions at Neat Repeats

**ADDITIONAL INFORMATION**

Have you ever been convicted of a felony? \_\_\_\_ yes \_\_\_\_ no

If yes, please explain \_\_\_\_\_

**REFERENCES**

Please list two references:

Name \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_

Staff only: Phone references checked: \_\_\_\_\_ (date)    Written references checked: \_\_\_\_\_ (date)

Name of Staff: \_\_\_\_\_

**AREAS OF INTEREST**

What skills do you have that you feel might be of value to the Crisis Center?

What are your hobbies, interests or recreational activities?

Have you completed the 40 hour Domestic Violence Training? (If yes, please attach a copy of your certificate)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Staff Use Only**

\_\_\_\_\_ CANTS background check required      \_\_\_\_\_ Date Completed

\_\_\_\_\_ DCFS background check required      \_\_\_\_\_ Date completed

\_\_\_\_\_ Copy of Driver’s License and proof of insurance in file

Notes:

Approved for volunteer service: \_\_\_\_ yes \_\_\_\_ no    Date: \_\_\_\_\_

\_\_\_\_\_  
Volunteer & Training Coordinator Signature

**Please return this application to:      Crisis Center for South Suburbia  
Volunteer Coordinator  
P.O. Box 39 Tinley Park, IL. 60477**

Thank you for your interest in volunteering with The Crisis Center. Please contact us at 708-429-7255 or [volunteer@crisisctr.org](mailto:volunteer@crisisctr.org) if you have any questions.

***The Crisis Center does not allow volunteers seeking to fulfill court mandated community service requirements.***

**Visit us at [crisisctr.org](http://crisisctr.org)**