

## VOLUNTEER APPLICATION

Name:

Phone:

Birth Date:

Address:

E-mail:

How did you find out about HPNC as a possible volunteer site?

Have you had any prior contact with HPNC staff about volunteer opportunities? \_\_\_ Y \_\_\_ N

If Yes, please specify: \_\_\_\_\_

Are you affiliated with the University of Chicago? \_\_\_ Y \_\_\_ N

If Yes, in what capacity? \_\_\_\_\_

What is your primary reason for volunteering:

\_\_\_ School Requirement / service learning (School: \_\_\_\_\_)

\_\_\_ U of C Day of Service

\_\_\_ Group Project (Group name: \_\_\_\_\_)

\_\_\_ Court Ordered

\_\_\_ Personal Interest

What types of volunteer work are you interested in?

\_\_\_ Classroom assistance/homework help

\_\_\_ Sports assistance to our of School Time Programs

\_\_\_ Mentoring (mentees are middle+high school kids)

\_\_\_ Assist with Seasonal & Special Events: \_\_\_\_\_

\_\_\_ Craft preparation

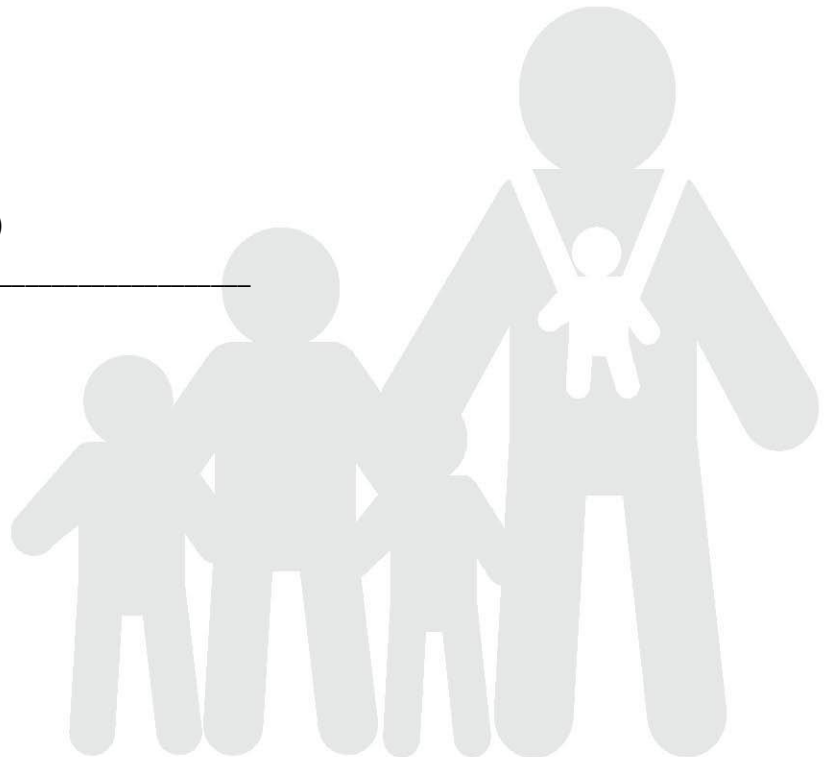
\_\_\_ Library / organizing resources & supplies

\_\_\_ Office work/ typing / filing

\_\_\_ Fundraising

\_\_\_ Maintenance /Gardening

\_\_\_ Other: \_\_\_\_\_





If you are interested in working with children, what ages do you want to work with:

- \_\_\_ Young Children Age 0-4
\_\_\_ Elementary School Age Children 5-12
\_\_\_ Middle & High School Age Youth 12 - 18

Are you willing to submit to a fingerprint background check (required for those working directly with children)? \_\_\_ Y \_\_\_ N

Have you ever been convicted of a felony or any crime against children (background check will confirm)? \_\_\_ Y \_\_\_ N

Have you worked or volunteered at HPNC in the past? \_\_\_ Y \_\_\_ N

If Yes, when & in what capacity? \_\_\_\_\_

Availability/Desired Schedule: (hours & days of the week):

Schedule: \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F \_\_\_ Sat \_\_\_ Sun

Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

Beginning date: \_\_\_\_\_

Ending date: \_\_\_\_\_

Emergency Contact Information (required before start date):

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

Best Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor/Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Any medical conditions which require special attention? \_\_\_ No \_\_\_ Yes, Please explain: \_\_\_\_\_

\*\* All new volunteers are required to attend an orientation. Orientations are typically held once per month. You will receive more information on this within a week of our receipt of your completed application.

Volunteer Signature

Date

Parent/Guardian Signature (for volunteers under age 18)

Date