



VOLUNTEER APPLICATION

Name: _____

Phone: _____ - _____ - _____

Birth Date (mm/dd/yyyy): ____/____/____

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

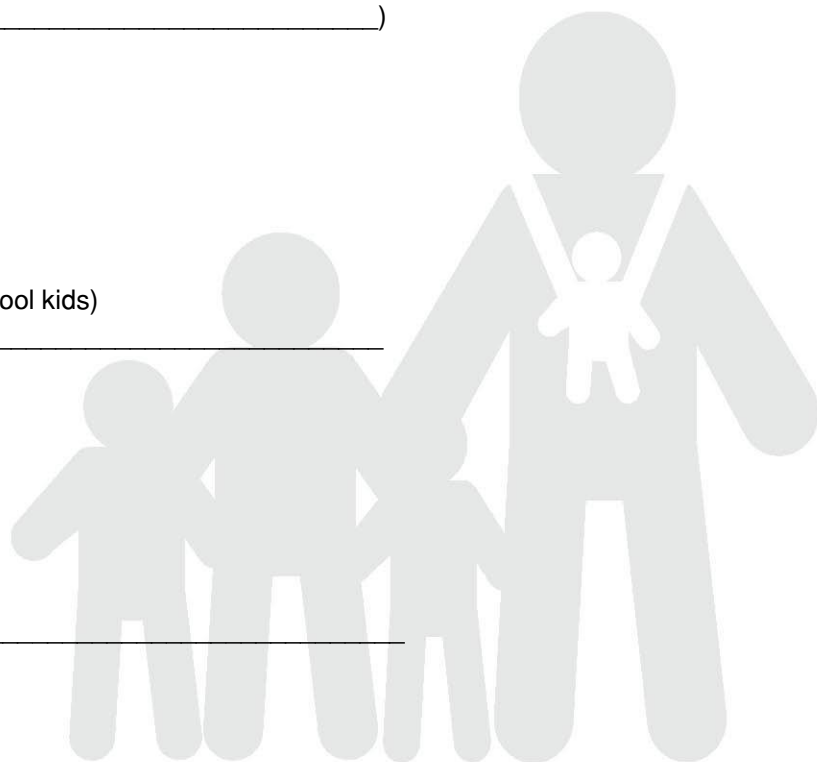
If Yes, in what capacity? _____

Primary reason for volunteering:

- ____ School Requirement / service learning (School: _____)
- ____ U of C Day of Service
- ____ Group Project (Group name: _____)
- ____ Court Ordered
- ____ Personal Interest

Types of volunteer work are you interested in?

- ____ Classroom Assistance/ Homework Help
- ____ Sports Assistance
- ____ Mentoring (mentees are middle & high school kids)
- ____ Assist with Seasonal & Special Events: _____
- ____ Craft Preparation
- ____ Library/ Organizing Resources & Supplies
- ____ Office Assistance Work
- ____ Fundraising
- ____ Maintenance /Cleaning
- ____ Gardening
- ____ Cooking/ Food Prep
- ____ Other: _____





If you are interested in working with children, which 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 If Yes, please specify: _____

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