



251 N Center St
 Joliet, IL 60435
 (815) 723-9713

Volunteer Application Form

Please return this form electronically or by mail-251 N Center St, Joliet, IL or fax 815-723-9713

All information will be **kept confidential** and will be used by Senior Services of Will County

General Information (PLEASE PRINT CLEARLY)			
First Name:		Middle Initial:	Last Name:
Date of Birth (MM/DD/YYYY):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:			Apt:
City:		State:	Zip Code:
Home Phone:	Cell Phone:		Work Phone:
Email Address:			
Preferred Contact Method: Home Phone Email Cell Phone Text			
Have you ever been convicted of or plead no contest to any criminal offenses? Yes No			
If yes, please describe in full:			
Area(s) of Interest-Please check all that apply. *Note-Not all positions are available at all times and areas.			
<input type="checkbox"/> Call Matchers	<input type="checkbox"/> Clerical/Administration	Special Events	
<input type="checkbox"/> Fundraising/Donations	<input type="checkbox"/> Presentations/Public Speaking	AARP Tax Aide	
<input type="checkbox"/> Volunteer Driver	<input type="checkbox"/> Creative/Graphic Arts Designer	Class Instructor	
<input type="checkbox"/> Safe At Home Technician	<input type="checkbox"/> Activities/Recreations	Bi-Lingual	
Previous Experience			
Have you ever volunteered with Senior Services of Will County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you previously worked for Senior Services of Will County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you provide a resume or bio (if available)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached			
Please list any skills, qualifications, certificates, or training that might be applicable (e.g.. accounting, public speaking, typing, etc):			
How did you hear about the volunteer program at Senior Services? (Check all that apply)			
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Called/Dropped In	<input type="checkbox"/> Park District	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Poster/Flyer	<input type="checkbox"/> Senior Services Staff	<input type="checkbox"/> School	<input type="checkbox"/> Library
<input type="checkbox"/> Public Event	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Internet	<input type="checkbox"/> Radio
<input type="checkbox"/> Village Hall	<input type="checkbox"/> Agency Volunteer	<input type="checkbox"/> Other:	

Availability-Please list the times you are typically available		Please indicate your commitment level:
Day	Time	
	From	To
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Ongoing
 6 months to 1 year
 Less than 6 months
 Available Short Notice
 Other:



****If you are not a volunteer driver, please skip this section.****

Previous Experience

<input type="checkbox"/> 21 Years of Age or Older	<input type="checkbox"/> Have 3+ Years Driving Experience
<input type="checkbox"/> Valid Driver's License	<input type="checkbox"/> Own Reliable Vehicle
<input type="checkbox"/> Proof of Insurance	<input type="checkbox"/> No Criminal History/Arrests other than Minor Traffic Violations
<input type="checkbox"/> Proof of Registration	<input type="checkbox"/> Agree to a Background Check

Auto Information-You will be asked to show proof of insurance and registration at orientation

Vehicle Make:	Model/Color:	Year:
Auto Insurance Company:	Auto Policy Number:	Policy Expiration:
Driver's License Number:	License Expiration Date:	
What kind of vehicle do you drive? <input type="checkbox"/> Sedan <input type="checkbox"/> Van <input type="checkbox"/> SUV <input type="checkbox"/> Truck		
Can you accommodate a folding walker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you accommodate a lightweight wheelchair? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any driving or lifting restrictions?		
How many miles are you willing to travel? <input type="checkbox"/> 5-10 <input type="checkbox"/> 15-20 <input type="checkbox"/> 21+		

Emergency Contact Information

Name:	Relationship:
Daytime Phone:	Other Phone:

Ride Matching Assignment Preference

<input type="checkbox"/> Self-Assigning Online Sign-Up	<input type="checkbox"/> Matched by Weekly Phone Calls
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Volunteer Agreement

ALL Volunteers must sign the below agreement.

I understand that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information will result in denial or termination of volunteer activities and other penalties as provided under the law. I also understand that I am not an employee of Senior Services of Will County and its sponsors and agree to serve without compensation. I authorize the release of information to Senior Services of Will County related to my potential volunteer responsibilities and I release all parties from any liability resulting from the release of such information. I agree that any information regarding a client learned through conversations or contained in a client's file is confidential information. No information should be released to anyone (including family members) without prior authorization. Any volunteer that violates the confidentiality of any client will be terminated from volunteering at Senior Services of Will County.

I release Senior Services of Will County, its employees, agents, volunteers, donors, and sponsors from any and all claims resulting from my participation as a volunteer with Senior Services of Will County.

Signature: _____ Date: _____

Check Here for Digital Signature Approval

FOR OFFICE USE ONLY

Safe At Home: Small Projects Large Projects
AARP Tax Aide: Portal Certification Pass Failed
Volunteer Driver: Background Check Car Insurance Registration Driver's License Vehicle Inspection

Form Updated: 07/16/2020