

# VOLUNTEER APPLICATION: PADS OF ELGIN

1730 Berkley Street

Elgin, IL 60123

847-608-9744

847-608-9746

Because we value the safety of all volunteers and our guests, your application must be reviewed and approved by the volunteer coordinator and may be subject to a background check. Volunteer assignments are based upon operating needs of the shelter.

**BRING PHOTO ID WITH YOU. A COPY WILL BE MADE FOR YOUR FILE.**

Name:	Date of Birth:
Street Address: City, State, Zip Code:	Area Code & Telephone: Home: Work: Fax: E-Mail:
Have you ever pleaded guilty to or been found guilty of any criminal offense or convicted for other than a minor traffic violation?    Yes    No    (If your answer is "yes", please provide a detailed statement.)	
Education/Special Training/Employment Experience:	
Volunteer Experience:	
Hobbies, skills, and special interests:	

How did you hear about our volunteer program?		
Why do you want to be a volunteer?		
Do you require special accommodations? If so, please indicate.		
Time available for volunteer services		
<b>Day</b> First Choice: _____ <b>Hours</b> 5:30 AM to 7 AM _____ 6:30 PM to 8:30 PM _____ (other) _____	<b>Day</b> Second Choice: _____ <b>Hours</b> 5:30 AM to 7 AM _____ 6:30 PM to 8:30 PM _____ (other) _____	<b>Day</b> Third Choice: _____ <b>Hours</b> 5:30 AM to 7 AM _____ 6:30 PM to 8:30 PM _____ (other) _____
References (other than family)		
1)	Name: _____  Address: _____  City, State, Zip Code: _____  _____	Area Code & Telephone: _____  _____
2)	Name: _____  Address: _____  City, State, Zip Code: _____  _____	Area Code & Telephone: _____  _____
Person to be notified in case of emergency:		Relationship:
Area Code & Telephone Home: _____ Work: _____		

I understand that all information about people served is strictly confidential and I will not violate this confidentiality while at the facility/office or in the community. Cameras, photos, or recording devices are not allowed without administrative approval and written release.

I understand that the services described herein will be provided on a voluntary basis and no agreement has been made, in writing or otherwise, to compensate me for these services.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

**NO VOLUNTEERS UNDER THE AGE OF 18 WILL BE ACCEPTED**

Signature of Parent or Guardian (if applicant is under 18) \_\_\_\_\_

\_\_\_\_\_  
Signature of Volunteer Coordinator \_\_\_\_\_  
Date

Please return to the PADS of Elgin office, 1730 Berkley Street, Elgin, IL 60123 or email information to Kathy Oswalt, koswalt@padsofelgin.org