



**VOLUNTEER/INTERN APPLICATION**

Facility/Office: \_\_\_\_\_

Volunteer assignments are based upon operating needs of the facility/office.  
Thank you for your application expressing a desire to serve as a volunteer/intern. Your application will be reviewed and approved by the Volunteer Coordinator and will be subject to a background check.

Name: _____	Birthdate: _____
Street Address: _____	Area Code & Telephone Number: _____
City, State, Zip Code: _____	Home: _____
	Work: _____
	Fax: _____
	E-Mail: _____

Are you completing an internship, Practicum or service learning? Yes  No  If no, skip to the next section.

Name of your internship/service learning coordinator: \_\_\_\_\_

Name of school affiliation: \_\_\_\_\_

BS/BA  Master's  PhD  Major: \_\_\_\_\_

Education/Special Training/Employment Experience: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Hobbies, Skills, and Special Interest: \_\_\_\_\_

How did you hear about our volunteer program? \_\_\_\_\_

List area(s) of interest for volunteering or any specific projects: \_\_\_\_\_



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Do you require special accommodations? If so, please indicate:

**Time available for volunteer services:**

	MON	TUE	WED	THURS	FRI	SAT	SUN
<b>FROM</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
<b>TO</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

**References (other than family):**

NAME	ADDRESS (INCLUDE CITY/STATE/ZIP CODE)	TELEPHONE NUMBER (INCLUDE AREA CODE)

Emergency Contact:	Relationship:	Area Code & Phone Number:

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.

I understand that I may be represented and indemnified as a volunteer/intern only as determined by the Office of the Attorney General pursuant to the State Employee Indemnification Act (5 ILCS 350/0.01 et seq.). I also agree to hold the Department harmless for any injuries which might be incurred while acting within the scope of my volunteer/intern relationship.

I hereby certify that I do not have and shall not acquire a contract for personal services with any entity which will satisfy that contract in whole or in part with state funds unless an exception to this requirement has been granted.

Signature of Applicant	Date
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Printed Name and Signature of Parent or Guardian (if applicant is under 18)	Date
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Printed Name and Signature of Volunteer Coordinator	Date
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