



## ORGANIZATION VOLUNTEER APPLICATION

Facility or Office:

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

Organization:

Head of Organization:

Street Address:

City, State, Zip Code:

Area Code & Telephone Number:

Home:

Work:

Fax:

E-Mail:

Contact Person (if other than head of organization):

Area Code & Telephone Number:

Home:

Work:

Fax:

E-Mail:

Are there special needs for members of your group?

Please indicate if any member(s) of your organization require special accommodations?

Volunteer Experience:

Sources of information about this volunteer program:

How did you hear about our volunteer program?

Why does your organization want to volunteer?



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It is understood and agreed that:

organization leader(s) will be given orientation, confidentiality instructions, applicable facility/office rules and procedures and the responsibility to impart this information to the members.

all information about people served is strictly confidential. Volunteers 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;

the services described herein will be provided on a voluntary basis and no agreement has been made, in writing or otherwise, to compensate the volunteer organization for its services;

members of our organization may be represented and indemnified as volunteers only as determined by the Office of the Attorney General pursuant to the State Employee Indemnification Act (5 ILCS 350/0.01 et seq.). The organization shall hold the Department harmless for any injuries which might be incurred while acting within the scope of its volunteer relationship; and no member of this organization has or will 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.

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Printed Name of Head of Organization or Designee

_____ Signature of Head of Organization or Designee	_____ Date
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Printed Name of Volunteer Coordinator

_____ Signature of Volunteer Coordinator	_____ Date
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