



VOLUNTEER APPLICATION

Thank you for your interest in volunteering at Aging Care Connections. In order to best utilize your skills and interests, please complete this form. All information is **confidential**.

Name: _____

Address: _____ Phone: _____

City/State/Zip: _____

Email Address: _____

Present Working Status: Full-time Part-time Retired

Times Available: _____ Mornings _____ Afternoons

Dates Available: Monday Tuesday Wednesday Thursday Friday

Previous Work Experience	Dates	Type of Work
_____	_____	_____
_____	_____	_____

Other Interests, activities, organizational involvement: _____

Special talents, office skills: _____

Foreign languages spoken: _____

Highest level of education: _____

How did you hear about this volunteer opportunity? _____

Are you comfortable working with older adults? _____

Have you, or any member of your family, received services from Aging Care Connections?

Which of the following volunteer experiences interest you?

- | | | |
|--|--|---|
| <input type="checkbox"/> Fundraising Events | <input type="checkbox"/> Front Desk Receptionist | <input type="checkbox"/> Benefits Assistant |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Follow-up calls |
| <input type="checkbox"/> Congregate Dining Volunteer | <input type="checkbox"/> Publication Editor | <input type="checkbox"/> Other |

Please provide two references (Not Relatives):

Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____	Phone: _____

Who should we contact in case of an emergency?

Name: _____

Address: _____ Phone: _____

City/State/Zip: _____

Email Address: _____

Please be advised that we complete a background check prior to accepting any new volunteer.

The information I have furnished on this application is true and complete to the best of my knowledge. I understand that all the work done for the Aging Care Connections is confidential in nature and that volunteer services are performed without compensation. I agree to hold Aging Care Connections harmless for any injury sustained by me during my time volunteering for the agency.

Signature: _____

Date: _____

Please return this application to:

Advancement Department
Aging Care Connections
111 W. Harris Avenue
La Grange, IL 60525