



## 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