

Volunteer Application

Date: _____

(Ms., Mrs., Mr.) Name: _____ Home Phone: _____

Cell phone: _____ (best time to call you) Male/Female _____

Address: _____
City State Zip

E-mail address: _____

**Do you want to receive E-Mail newsletters and updates from the Crisis Center? Yes No

**Do you want to receive mailings from the Crisis Center? Please check off each below.

Newsletter Special Events Invitations Volunteer Opportunities No Mailings

Ethnicity: _____ (information requested by some funding sources) Birth date: _____

Current Employer(s): _____

Occupation(s): _____

Business Phone: _____ (Best time to call you) May we call you there? Yes ___ No ___

How did you learn about the Crisis Center? _____

Other Language(s) (inc. ASL): _____ Speak Write "Fluent"

Comfortable providing verbal translation Comfortable providing written translation

Other Skills/Hobbies you are willing to share w/CCC _____

Previous Volunteer Experiences _____

Are there any medical limitations on the type of work you can perform? _____

Please describe _____

Organizations in which you are now or previously active _____

Are you willing to work on an occasional special project when needed? Yes No

PO Box 1390 Elgin IL 60121-1390 Bus Line: 847-742-4088 Crisis Line: 847-697-2380 Fax: 847-742-4182 TTY: 847-742-4057 www.crisiscenter.org

Please mark off **each** of the volunteer activities, listed below, that is of interest to you.

Direct Service	Fundraising	Donations/ Shelter Meals	Clerical –Office, Maintenance
<input type="checkbox"/> Hospital Advocate (1 week in-house training required) <input type="checkbox"/> Children’s Assistant (training required) <input type="checkbox"/> Interpreter <input type="checkbox"/> Lobby Assistant (weekday 9:00am-3:00pm) Services <input type="checkbox"/> Resident Activities (meal planning, arts & crafts, paperwork and resume assistance, computer skills) <input type="checkbox"/> Personal Services (hair stylist, makeup/spa services, massage therapist) Seasonal <input type="checkbox"/> Coat Giveaway Assistant <input type="checkbox"/> Holiday Meals	Annual Auction <input type="checkbox"/> Acquisitions <input type="checkbox"/> Decorations <input type="checkbox"/> Set -up <input type="checkbox"/> Clean-up <input type="checkbox"/> General Special Events <input type="checkbox"/> Auxiliary Fundraising / Events Committee	General <input type="checkbox"/> Accept, sort and organize donations (food, toiletries, coats) <input type="checkbox"/> Bring in meals for shelter <input type="checkbox"/> Food rescue (pickup donated food from companies, deliver to CCC) Community Projects <input type="checkbox"/> Court Watch <input type="checkbox"/> School Supply Giveaway <input type="checkbox"/> Holiday Toy Giveaway	Kane County Guide (weekdays only) <input type="checkbox"/> Data Entry <input type="checkbox"/> Phone Research <input type="checkbox"/> Web Research <input type="checkbox"/> General Clerical Assistant (weekday) Light office work (copying, folding brochures) <input type="checkbox"/> Graphic Designers/Artists <input type="checkbox"/> Maintenance & Construction Volunteers Light building maintenance, outdoor/lawn care

Other comments: _____

I affirm that I will abide by the policies and will treat with **respect and confidentiality** any information learned about the personal lives of clients, staff or volunteers at the Crisis Center.

Signature

Date

Please return this application to: Community Crisis Center
 Attn: Melissa Owens, Volunteer Coordinator
 P.O. Box 1390
 Elgin, IL 60121-1390
 Fax (847) 742-4182

For more information contact Melissa at mowens@crisiscenter.org or 847-742-4088 x152

For office use only:

Interview Comments: _____

Pre-service training program date: _____

Entered into volunteer database by: _____

Other training received: _____ Date: _____
 _____ Date: _____