



George Van De Voorde

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

Volunteer Application

Application Date: _____

Name: _____ Home Phone: _____

Cell Phone: _____ (best time to call you) Gender: _____

Address: _____

City

State

Zip

Email Address: _____

**Would you like to receive e-mail newsletters and updates from the Crisis Center? Yes No

**Would you like to receive mailings from the Crisis Center? Please x each off below.

Newsletter Special Events Invitations Volunteer Opportunities

Ethnicity: _____ (information requested by some funding sources) Birthdate: _____

Current Employer(s): _____

Occupation(s): _____

How did you hear about the Crisis Center? _____

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

Comfortable providing verbal translation Comfortable with 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? Yes No

Please describe: _____

Organizations in which you are now or previously active: _____

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

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

Direct Service	Fundraising/ Community Projects	Donations/ Shelter Meals	Clerical/Office, Building Maintenance
Hospital Advocate (60-hour training course required)	Annual Auction	General	General
<input type="checkbox"/> Children's Group (fingerprinting/DCFS background check needed)	<input type="checkbox"/> Acquisitions	<input type="checkbox"/> Accept, sort and organize donations (food, toiletries, coats)	<input type="checkbox"/> General Clerical Assistant (Weekdays) (Light office work, copying, folding brochures)
<input type="checkbox"/> Interpreter	<input type="checkbox"/> Decorations	<input type="checkbox"/> Bring in meals for shelter	<input type="checkbox"/> Graphic Designers/Artists
Resident Services	<input type="checkbox"/> Set-up/ Clean-up		<input type="checkbox"/> Maintenance and Construction Volunteering (Light building maintenance, outdoor/lawn care)
<input type="checkbox"/> Resident Activities (Meal planning, arts & crafts, paperwork and resume assistance, computer skills)	<input type="checkbox"/> General Special Events		
<input type="checkbox"/> Personal Services (hair stylist, makeup/spa services, massager therapist)	<input type="checkbox"/> Auxiliary Fundraising/ Events Committee		
	Community Projects		
	<input type="checkbox"/> Court Watch		
	<input type="checkbox"/> Winterwear Giveaway		

Other Comments:

I affirm that I am not a current client of the Community Crisis Center (at least three years post-service), that I will abide by all stated volunteer policies, and that I will treat with **respect and confidentiality** any information learned about the personal lives of residents, clients, staff or volunteers at the Community Crisis Center.

Signature: _____

Date: _____

Emergency Contact Information:

Name

Relationship

Phone #

Please return this application to: Community Crisis Center

Attn: Marissa Laurie, Volunteer Manager

P.O. Box 1390

Elgin, IL 60121-1390

Fax (847) 742-4182

For more information contact Marissa at mlaurie@crisiscenter.org or (847) 742-4088 x152