



## Volunteer Application

### Applicant Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First M.I. Month /Day / Year

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Best Time to Call Morning / Evening/ Afternoon

**Preferred schedule: Days** \_\_\_\_\_ **Hours:** 5:30am-7am / 6:30pm-8:30pm / Other

Have you volunteered at homeless shelter before? YES  NO

How did you hear about our volunteer program? \_\_\_\_\_

Why do you want to volunteer at the PADS shelter? \_\_\_\_\_

Have you ever volunteered for PADS of Elgin in the past? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

### Emergency Contact

*Please list your emergency contact.*

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## Previous Volunteer Experience

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

## Volunteering Thoughts

What motivates you to want to volunteer with the homeless population?

**What type of interaction are you currently comfortable with in regards to interacting with our homeless guests?** (check all that apply; there are no wrong answers)

\_\_\_\_\_ Very Limited Interaction      \_\_\_\_\_ Some Interaction      \_\_\_\_\_ Interaction Anytime

**How often would you like to volunteer?**

1x a week \_\_\_\_\_ 1x a month \_\_\_\_\_ When I am available (varied schedule) \_\_\_\_\_

I am comfortable with serving dinner

I am comfortable helping with welcoming guests to shelter

I am comfortable with only projects during the day time hours

I am comfortable helping with fundraisers outside of the PADS shelter (Greekfest, Winter Harvest Dance etc)

Put me where you need me!

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. I understand that all information about people served is strictly confidential and I 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.*

*If this application leads to a volunteer position with PADS of Elgin, Inc. I understand that false or misleading information in my application or interview may result in me not becoming or continuing as a volunteer.*

**Signature of Applicant:**

**Date:**

Signature of Parent

(if volunteer is under 18) \_\_\_\_\_

## Office Use Only

Contacted on:

Interviewed on:

Completed Training on:

Trained by: \_\_\_\_\_

Completed and Signed all paperwork on: \_\_\_\_\_ 1<sup>st</sup> Volunteer Day \_\_\_\_\_