



GROUP/CORPORATE VOLUNTEER APPLICATION

“The Mission of Helping Hand Center is to assist persons with disabilities achieve their highest level of independence through quality programs and services.”

Helping Hand Center is an Equal Opportunity Employer & does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state/ local law.

Helping Hand Center complies with Section 504 of the Rehabilitation Act of 1973, as amended, 26 U.S.C. 794, which prohibits discrimination on the basis of handicap. Assistance in completing this application is available to any individual. Sign interpreter will be available upon request for the hearing impaired.

Name of Company/Organization: _____

Address: _____

City/ State/ Zip Code: _____

Staff Contact Name/Title: _____

E-mail: _____

Work or Cell Phone: _____

Preferred method of contact (please check): Work/ Cell Phone E-Mail

In case of an emergency, please list the information of who should be contacted:

Name: _____ Phone: _____

Relationship: _____

If you are volunteering for a company requirement, please complete the following:

Number of Required Hours: _____ Projected Start/ End Date: _____

NOTICE TO GROUP/CORPORATE VOLUNTEER APPLICANTS

All corporate volunteers are required to do the following:

1. Per DHS (Department of Human Services), volunteers (over age 14) are required to complete the Child Abuse and Neglect Tracking System (CANTS) form;
2. Per DHS, volunteers (over age 14) must provide their Social Security number and pass the Healthcare Worker Registry Check, Illinois Sex Offender, and Healthcare and Family Services (HFS) Office of Inspector General (OIG) Sanction List clearance;
3. Volunteers (over age 14) are required to complete the Abuse and Neglect training;
4. Volunteers (all) are required to complete the Volunteer Waiver, Release, Hold Harmless Indemnification Agreement;
5. Any misrepresentation shall be considered cause for dismissal from the Volunteer Program.

Signature of Applicant: _____ Date: _____

Signature of Legal Guardian (if under 18): _____ Date: _____

Social Security Number of Applicant (if over age 14): _____

For Internal Use Only

___ Date Application Received _____

___ Date CANTS Form Received _____

___ Date Volunteer Handbook/ Agreement Received _____

___ Date Waiver Received _____

___ Background Check/CANTS Approved _____

___ Abuse-Neglect Training & Sign-Off Completed _____

___ Add to Donor Perfect _____

___ Sign-In Sheet Created _____

Start Date _____

Location/Assignment _____