



## 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 Applicant: \_\_\_\_\_

Parent Name(s) **If Applicant is under 18:** \_\_\_\_\_

E-mail: \_\_\_\_\_

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

City/ State/ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

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

Referred By: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

**Please check:**  Employed  Retired  Student  Other

Employer/ School: \_\_\_\_\_

Work/ School Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation/ Major: \_\_\_\_\_

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

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

Number of Required Hours: \_\_\_\_\_ Projected Start/ End Date: \_\_\_\_\_

**Please indicate the day(s) and time(s) you are available to volunteer:**

	Monday	Tuesday	Wednesday	Thursday	Friday
AM Hrs.					
PM Hrs.					

**I can commit to volunteering:**  Daily  Weekly  Monthly  Other

**Programs I am interested in:**

Special Recreation Program

Art Room Volunteer

Residential Food Sort Volunteer

School Peer Volunteer (for volunteers ages 7-22)

**Please list applicant's age:** \_\_\_\_\_

Other \_\_\_\_\_

**Have you worked or volunteered at Helping Hand Center previously? If so, when?**

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**Describe any experience you have working with children, adults, and/or people with disabilities, etc.**

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**List foreign languages (including sign language), special interests, or experience you have that would contribute to your volunteer activities.**

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**Please describe any physical restrictions we should be aware of regarding your volunteer assignments.**

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## NOTICE TO VOLUNTEER APPLICANT

Listed below are the requirements for individuals to receive proper consideration to become a Helping Hand Center volunteer:

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.

I grant permission for my employer or contacts listed to verify and release information to Helping Hand Center or its representatives regarding my qualifications to become a Helping Hand Center volunteer;

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

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

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***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 \_\_\_\_\_