

**ChildServ Volunteer Services Program
VOLUNTEER APPLICATION**

Date:

Name:

Address:

City, state, zip:

Home number:

Work number:

Email address:

Education/Highest year completed:

Employment (Please list the last three positions held):

- | | | |
|---------------------|-------------|-----------|
| 1. Employer: | From | To |
| Position: | | |
| 2. Employer: | From | To |
| Position: | | |
| 3. Employer: | From | To |
| Position: | | |

Previous volunteer experience:

Special training, interests, or skills:

What type of volunteer activities are you interested in?

Why are you interested in volunteering with ChildServ?

Is there an age group you are particularly interested in working with?

What times are you interested in volunteering?

How often are you available to volunteer? Weekly? Twice a month? Monthly?

Restrictions that might/will affect ability for volunteer work (health, family, school, etc.)

References: Please give the names of 3 references, not relatives, that you have known for a minimum of one year (please provide daytime phone numbers)

Name	Phone
Name	Phone
Name	Phone

How did you hear about us?

Does your employer have a matching gift program?

Emergency contact: (include name, relationship to you, and day and evening phone number)

Please email this application back to Jcollins@childserv.org

Or mail it to:

**Volunteer Services
ChildServ
8765 West Higgins
Suite 450
Chicago, IL 60631**