

Are you at least 16 years of age?

LITTLE FRIENDS, INC. VOLUNTEER APPLICATION

140 N. Wright Street Naperville, IL 60540 Phone: (630) 355-6533 Fax: (630) 355-3176

www.littlefriendsinc.org

If you need assistance completing this application form or for any phase of the volunteer process, please notify the Human Resources Department and every effort will be made to accommodate your needs.

Personal Data Name (Last, First, Middle) Date Address City State Zip Code Work/Cell/ School Phone (Email Home Phone (Best time of day to contact you: Home Work/Cell/School at Referral Source: (Please Check One) () Special Publication (_______) () Other (_______) () Employee Referral (Name: ______) () Internet (Web site: () Walk In () Newspaper () () Volunteer Fair (() Community Agency: For which volunteer position are you applying? Are you applying for? (Check all that apply) [] Long-term [] Short-Term (Hours required Times you are available: [] Daytime [] Afternoon/Evenings [] Weekends Are you willing to travel outside of Naperville? [] Yes [] No Have you ever been employed by Little Friends, Inc.? [] Yes [] No If so, list program and dates you were employed Are you related to anyone who works for Little Friends, Inc.? [] Yes [] No If so, please indicate Name and Division and/or Program When would you be available to begin volunteering? When completing this section, do not disclose information regarding convictions that have been judicially sealed, expunged, eradicated, impounded, or dismissed. Do not disclose information regarding juvenile court convictions or minor traffic violations. A conviction record does not automatically bar you from employment. Prior conviction may not necessarily exclude you from employment. All of the job-related circumstances surrounding convictions will be considered. Have you ever been convicted of a crime? If yes, please explain [] Yes [] No Prior conviction may not necessarily exclude you from volunteering.

[] Yes [] No

REFERENCES

Employment and Volunteer History

Please provide three Professional or Volunteer references that are familiar with the quality of your work, have worked directly with you, and have known you at least one year. (Family members are not accepted as professional or volunteer references.)

1. Employer	Dates o	of Employment:(Month/Yr)	to (Month/Yr)
Address			
City	State	Zip Code	
Phone ()	Duties		
Supervisor's Name		Can we contact this employ	yer? [] YES [] NO
2. Employer/Agency		Dates of Service: (Month/Yr)	to (Month/Yr)
Address			
City	State	Zip Code	
Phone ()	Duties		
Supervisor's Name Can we co		Can we contact this employer/ag	gency? [] YES [] NO
Reason for Leaving			
3. Employer/Agency		Dates of Service: (Month/Yr)	to (Month/Yr)
Address			
City	State	Zip Coo	le
Phone ()	Duties		
Supervisor's Name		Can we contact this employer/ag	gency? [] YES [] NO
Reason for Leaving			
Special Skills and Qualifications			
Computer skills:		-	
CPR/FA: Yes No CPI: Yes	No DSP Ce	ertified: Yes No	
Please list any training, specific job position for which you are applying		ications that you feel may contrib	oute to your ability to perform

I give Little Friends, Inc. and/or its designee the right to investigate all references and to secure additional information about me, to verify the accuracy of the information contained in this application, resume and/or other information submitted by me for Little Friends, Inc. consideration. I hereby release from liability Little Friends, Inc. and its

representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that any misrepresentation or omission of any fact in this application, resume or any other materials or during any interview will be sufficient cause for cancellation of the application and/or discharge from Little Friends, Inc. if I have been assigned as a volunteer. Any offer of a volunteer position I may receive from Little Friends, Inc. is contingent upon my successful completion of the company's total pre-volunteering screening process.

I understand that if "hired," I am required to abide by all rules and regulations of Little Friends, Inc. and to comply with all policies and procedures in the volunteer handbook, any policy and procedure manual or other communications to employees. I further understand that Little Friends, Inc. policies and procedures are subject to modification at any time with or without notice.

I understand that just as I am free to resign at any time, Little Friends, Inc. reserves the right to terminate my volunteer status at any time, with or without cause and without prior notice. I understand that no representative of Little Friends, Inc. other than the President/CEO has the authority to make any assurances to the contrary and then only as such commitments is a signed, written document. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

Little Friends, Inc. is an equal opportunity employer. I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions. Signature of Volunteer: _____ Date:_____ **For CR/HR Purposes Only** Date Offer Declined: Date Offer Accepted: Volunteer ID Start: ID Invalid Date: **Training Dates** Date Time Location Agency Orientation: **DSP Training** Date Location Intro to DD/ Human Rights: Human Interaction, Abuse & Neglect: ____ Crisis Prevention Institute: Basic Health & Safety I: CPR/First Aid: Preventing Disease Transmission: