



# Volunteer Application

Please return to:  
Family Service Center  
730 E Vine St  
Springfield, IL 62703  
Fax: (217) 528-1446

\_\_\_\_\_  
Name (Last, First)

\_\_\_\_\_  
Today's date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Alternate phone number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Are you 16 or older? \_\_\_\_ Yes \_\_\_\_ No

Do you drive? \_\_\_\_ Yes \_\_\_\_ No Do you have a valid Illinois Drivers License? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of a crime, other than a minor traffic violation? \_\_\_\_ Yes \_\_\_\_ No

If Yes, please attach a sheet explaining the circumstances.

How were you referred to Family Service Center? \_\_\_\_\_

Highest grade completed: \_\_\_\_\_ Degree: \_\_\_\_\_

Professional or community memberships, affiliations: \_\_\_\_\_

Describe any relevant volunteer experience: \_\_\_\_\_

What are your hobbies and special interests? \_\_\_\_\_

Available days/times \_\_\_\_\_

Preferred volunteer position (please circle):

Compass Program: After School, Summer, Backpack    Special Events    Office    Childcare    Tree of Wishes

Emergency Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please provide three non-relative references who have knowledge of your personal and/or professional qualities.  
Please provide full names and phone numbers.

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

Telephone Number: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

To determine my qualifications for volunteering, I authorize the agency to send for references and to conduct an investigation of my background.

Signature: \_\_\_\_\_