



**Misericordia Home, 6300 N. Ridge Ave., Chicago, IL 60660**

Ph. # 773-973-6300

## **Volunteer Application**

(Please print clearly)

Note: We welcome volunteers who are at least sixteen years old and those who can serve a minimum of six months.

Date: \_\_\_\_\_

Mr./Mrs./Ms./Miss Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

### **EMERGENCY CONTACT:**

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

### **EDUCATION:**

Circle highest level completed:

\_\_\_\_\_  
(name of grammar school)

1 2 3 4 5 6 7 8

\_\_\_\_\_  
(name of high school)

1 2 3 4

\_\_\_\_\_  
(name of college)

1 2 3 4

\_\_\_\_\_  
(name of graduate school or trade school)

Are you currently a student? \_\_\_\_\_ If "yes", do you need to complete volunteer hours for a school requirement? \_\_\_\_\_ If so, how many hours must you complete and by what date?

\_\_\_\_\_

**EMPLOYMENT:**

Job Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Can you be reached at work?   Y    N

**BACKGROUND:**

Have you ever been convicted of a violation other than a minor traffic ticket?   Yes    No

If "yes", please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you need to complete community service hours in order to fulfill your sentence for the courts?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how many hours must you complete and by what date? \_\_\_\_\_

\_\_\_\_\_

**HEALTH:** Do you have any health problems or physical limitations?   Yes    No

If "yes", please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GETTING TO KNOW YOU:**

How did you hear about Misericordia Home or what brought you here? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any special interests, talents or hobbies: \_\_\_\_\_

Do you know sign language?      Yes      No

Have you had any prior experience working with people with disabilities?      Yes      No

If "yes", please explain: \_\_\_\_\_

What type of volunteer work do you prefer? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Office / Clerical                         | <input type="checkbox"/> Bakery                                 |
| <input type="checkbox"/> Computers / Data Entry                    | <input type="checkbox"/> Kitchen / Food Prep                    |
| <input type="checkbox"/> Direct interaction with residents.        | <input type="checkbox"/> Arts & Crafts                          |
| <input type="checkbox"/> Becoming a "foster friend" to a resident. | <input type="checkbox"/> Assist staff in the residential areas. |
| <input type="checkbox"/> Ministry / Retreats / Religion            | <input type="checkbox"/> Restaurant / Brunch Waitstaff          |
| <input type="checkbox"/> Swimming / Fitness                        | <input type="checkbox"/> Sports & Special Olympics              |
| <input type="checkbox"/> Other: _____                              |   |

**AVAILABILITY:** Please indicate the day(s) and time(s) that you would like to serve.

Monday:      \_\_\_\_\_ am / pm      to      \_\_\_\_\_ am / pm

Tuesday:      \_\_\_\_\_ am / pm      to      \_\_\_\_\_ am / pm

Wednesday:      \_\_\_\_\_ am / pm      to      \_\_\_\_\_ am / pm

Thursday:      \_\_\_\_\_ am / pm      to      \_\_\_\_\_ am / pm

Friday:      \_\_\_\_\_ am / pm      to      \_\_\_\_\_ am / pm

Saturday:      \_\_\_\_\_ am / pm      to      \_\_\_\_\_ am / pm

Sunday:      \_\_\_\_\_ am / pm      to      \_\_\_\_\_ am / pm

**ADDITIONAL INFORMATION:**

Do you have a family member with intellectual or developmental disabilities?    Yes    No

If so, would you be looking at Misericordia for possible placement for that individual either now or anytime in the future?    Yes    No

If so, have you begun or submitted an application for possible placement?    Yes    No

And finally, if so, what is the individuals first and last name that would be applying for placement? \_\_\_\_\_

If you should have any questions, please contact the Volunteer Office at 773-973-6300.

# Social Service Volunteer Receipt

Volunteer Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

## Family/Guardian of Resident

Name of Resident: \_\_\_\_\_

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

## Family/Friend of "Wait List" Applicant

Name of Applicant: \_\_\_\_\_

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

*Please note it is the parents/guardians responsibility to inform the Social Service Department of their volunteer contributions. The Volunteer Department is not responsible for reporting this information to Social Service Coordinators.*

## No Relation

I want to volunteer, but am not doing so in the name of anyone specific. \_\_\_\_\_  
(Please check if this applies.)