



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

Ph. # 773-973-6300 Fax 773-973-5214

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 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? _____

REFERENCES: Please list **three** people, other than family members whom we may contact for Personal references. Please list people that have known you for a minimum of one year so they can provide a good detailed character reference. At least one of the people should be an employer (past or present), professional person, or school reference. All references are contacted by mail or fax so please be certain to include complete address information, including zip code. **Your application will not be processed without full complete reference information.** PLEASE PRINT CLEARLY.

1. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: () _____ - _____ Fax #: () _____ - _____

Email (if applicable): _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: () _____ - _____ Fax #: () _____ - _____

Email (if applicable): _____

3. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: () _____ - _____ Fax #: () _____ - _____

Email (if applicable): _____

After we receive responses from your references, you will be invited to a volunteer orientation. At that time, the different volunteer opportunities will be discussed so that you may choose the area you feel the most comfortable and productive. Misericordia also requires that all volunteers give us permission to run a complete background check on them through The Illinois State Police.

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.)