

Lake County Children's Advocacy Center Volunteer Application



Address Street City State Zip Code Code Scenario Sce	Please su	bmit the complete	ed application	on to Carrie Wings -	- Education &	Outreach Special	list at the LCC	AC: cwings@ia	akecountyii.gov	
Address Street City State Zip Code Social Security Number List any other languages you speak	PERSO	NAL INFOR	MATIO	N						
List any other languages you speak Home Phone	Name	Last		First		М	Middle		Date of Birth	
Home Phone Work Phone Cell Phone Email	Address	Street		City		St	State		Zip Code	
Name of Emergency Contact EMPLOYMENT RECORD (include volunteer experience) Date(s) of Employment Agency/Company Phone Supervisor Name REFERENCES Name Address Phone Relationship to Reference REASON FOR APPLYING Please indicate why you are considering volunteering at this time? What is your area of interest? What do you hope to gain through our program? What do you hope to gain through our program? What do you agree to receive fingerprinting to meet DCFS requirements? Yes No AVAILABILITY Please indicate your availability to volunteer: What is your estimated time commitment per month? Please indicate how you would like to volunteer: In-house Event(s) Friends Committee Board of Directors I would like to further discuss The information stated above is true and correct. SIGNATURE FOR OFFICE USE ONLY	Social Security	Number		List any other languages you speak						
EMPLOYMENT RECORD (include volunteer experience) Date(s) of Employment Agency/Company Phone Supervisor Name REFERENCES Name Address Phone Relationship to Reference REASON FOR APPLYING Please indicate why you are considering volunteering at this time! What is your area of interest? What do you hope to gain through our program! What do you hope to gain through our program? What do you agree to receive fingerprinting to meet DCFS requirements? Do you agree to receive fingerprinting to meet DCFS requirements? Please indicate your availability to volunteer. What is your estimated time commitment per month? Please indicate how you would like to volunteer: In-house Event(s) Friends Committee Board of Directors I would like to further discuss The information stated above is true and correct.	Home Phone Work Pho		Work Phone	e Cell Phon		Email				
Date(s) of Employment Agency/Company Phone Supervisor Name REFERENCES Name Address Phone Relationship to Reference REASON FOR APPLYING Please indicate why you are considering volunteering at this time? What is your area of interest? What do you hope to gain through our program? What do you hope to gain through our program? Summarize special skills and qualifications you have acquired from employment, previous volunteer work or through other activities, including hobbies. Do you agree to receive fingerprinting to meet DCF5 requirements? Yes No AVAILABILITY Please indicate your availability to volunteer. What is your estimated time commitment per month? Please indicate how you would like to volunteer: In h-house Event(s) Friends Committee Board of Directors I would like to further discuss The information stated above is true and correct. SIGNATURE FOR OFFICE USE ONLY	Name of Emergency Contact								Phone Number	
Date(s) of Employment Agency/Company Phone Supervisor Name REFERENCES Name Address Phone Relationship to Reference REASON FOR APPLYING Please indicate why you are considering volunteering at this time? What is your area of interest? What do you hope to gain through our program? What do you hope to gain through our program? Summarize special skills and qualifications you have acquired from employment, previous volunteer work or through other activities, including hobbies. Do you agree to receive fingerprinting to meet DCF5 requirements? Yes No AVAILABILITY Please indicate your availability to volunteer. What is your estimated time commitment per month? Please indicate how you would like to volunteer: In h-house Event(s) Friends Committee Board of Directors I would like to further discuss The information stated above is true and correct. SIGNATURE FOR OFFICE USE ONLY	EMPLO	YMENT RE	CORD (i	nclude voluni	teer eyne	rience)				
REFERENCES Name Address Phone Relationship to Reference REASON FOR APPLYING Please indicate why you are considering volunteering at this time? What is your area of interest? What do you hope to gain through our program? Summarize special skills and qualifications you have acquired from employment, previous volunteer work or through other activities, including hobbies. Do you agree to receive fingerprinting to meet DCF5 requirements? Yes								Super	nvison Nome	
Name Address Phone Relationship to Reference REASON FOR APPLYING Please indicate why you are considering volunteering at this time? What is your area of interest? What do you hope to gain through our program? Summarize special skills and qualifications you have acquired from employment, previous volunteer work or through other activities, including hobbies. Do you agree to receive fingerprinting to meet DCFS requirements? Yes	Date(s) of Employment	<u> </u>	Agency/Compar	ny 	Phor	ne	Super	visor iname	
Name Address Phone Relationship to Reference REASON FOR APPLYING Please indicate why you are considering volunteering at this time? What is your area of interest? What do you hope to gain through our program? Summarize special skills and qualifications you have acquired from employment, previous volunteer work or through other activities, including hobbies. Do you agree to receive fingerprinting to meet DCFS requirements? Yes										
Name Address Phone Relationship to Reference REASON FOR APPLYING Please indicate why you are considering volunteering at this time? What is your area of interest? What do you hope to gain through our program? Summarize special skills and qualifications you have acquired from employment, previous volunteer work or through other activities, including hobbies. Do you agree to receive fingerprinting to meet DCFS requirements? Yes										
REASON FOR APPLYING Please indicate why you are considering volunteering at this time? What is your area of interest? What do you hope to gain through our program? Summarize special skills and qualifications you have acquired from employment, previous volunteer work or through other activities, including hobbies. Do you agree to receive fingerprinting to meet DCFS requirements? Yes No AVAILABILITY Please indicate your availability to volunteer. What is your estimated time commitment per month? Please indicate how you would like to volunteer: In-house Event(s) Friends Committee Board of Directors I would like to further discuss The information stated above is true and correct. SIGNATURE FOR OFFICE USE ONLY	REFERI	ENCES								
Please indicate why you are considering volunteering at this time? What is your area of interest? What do you hope to gain through our program? Summarize special skills and qualifications you have acquired from employment, previous volunteer work or through other activities, including hobbies. Do you agree to receive fingerprinting to meet DCFS requirements? Yes	Name			Address		Phone		Relationship to Reference		
Please indicate why you are considering volunteering at this time? What is your area of interest? What do you hope to gain through our program? Summarize special skills and qualifications you have acquired from employment, previous volunteer work or through other activities, including hobbies. Do you agree to receive fingerprinting to meet DCFS requirements? Yes										
Please indicate why you are considering volunteering at this time? What is your area of interest? What do you hope to gain through our program? Summarize special skills and qualifications you have acquired from employment, previous volunteer work or through other activities, including hobbies. Do you agree to receive fingerprinting to meet DCFS requirements? Yes										
Please indicate why you are considering volunteering at this time? What is your area of interest? What do you hope to gain through our program? Summarize special skills and qualifications you have acquired from employment, previous volunteer work or through other activities, including hobbies. Do you agree to receive fingerprinting to meet DCFS requirements? Yes	REASO	N FOR APP	IYING							
Summarize special skills and qualifications you have acquired from employment, previous volunteer work or through other activities, including hobbies. Do you agree to receive fingerprinting to meet DCFS requirements? Yes				ng at this time? What is ye	our area of intere	est?				
Summarize special skills and qualifications you have acquired from employment, previous volunteer work or through other activities, including hobbies. Do you agree to receive fingerprinting to meet DCFS requirements? Yes										
Summarize special skills and qualifications you have acquired from employment, previous volunteer work or through other activities, including hobbies. Do you agree to receive fingerprinting to meet DCFS requirements? Yes	\A(1)									
Do you agree to receive fingerprinting to meet DCFS requirements? Yes No AVAILABILITY Please indicate your availability to volunteer. What is your estimated time commitment per month? Please indicate how you would like to volunteer: In-house Event(s) Friends Committee Board of Directors I would like to further discuss The information stated above is true and correct. SIGNATURE FOR OFFICE USE ONLY	What do you i	hope to gain through o	our program?							
Do you agree to receive fingerprinting to meet DCFS requirements? Yes No AVAILABILITY Please indicate your availability to volunteer. What is your estimated time commitment per month? Please indicate how you would like to volunteer: In-house Event(s) Friends Committee Board of Directors I would like to further discuss The information stated above is true and correct. SIGNATURE FOR OFFICE USE ONLY										
□ Yes □ No AVAILABILITY Please indicate your availability to volunteer: What is your estimated time commitment per month? Please indicate how you would like to volunteer: □ In-house □ Event(s) □ Friends Committee □ Board of Directors □ I would like to further discuss The information stated above is true and correct. SIGNATURE FOR OFFICE USE ONLY	Summarize spe	ecial skills and qualifica	itions you have	acquired from employme	ent, previous volu	unteer work or throu	gh other activities	s, including hobbies.		
AVAILABILITY Please indicate your availability to volunteer: What is your estimated time commitment per month? Please indicate how you would like to volunteer: In-house Event(s) Friends Committee Board of Directors I would like to further discuss The information stated above is true and correct. SIGNATURE FOR OFFICE USE ONLY			ng to meet DC	FS requirements?						
Please indicate your availability to volunteer. What is your estimated time commitment per month? Please indicate how you would like to volunteer: In-house Event(s) Friends Committee Board of Directors I would like to further discuss The information stated above is true and correct. SIGNATURE FOR OFFICE USE ONLY										
Please indicate how you would like to volunteer: In-house Event(s) Friends Committee Board of Directors I would like to further discuss The information stated above is true and correct. SIGNATURE FOR OFFICE USE ONLY			olunteer.							
□ In-house □ Event(s) □ Friends Committee □ Board of Directors □ I would like to further discuss The information stated above is true and correct. SIGNATURE FOR OFFICE USE ONLY	What is your e	estimated time commi	tment per mor	nth?						
□ In-house □ Event(s) □ Friends Committee □ Board of Directors □ I would like to further discuss The information stated above is true and correct. SIGNATURE FOR OFFICE USE ONLY										
FOR OFFICE USE ONLY				☐ Friends Committ	tee 🗆	Board of Direct	ors \square	I I would like to	further discuss	
	The information	on stated above is true	and correct.							
	FOR O	FFICE USE C	DNLY							
							DATI	E	TIME	