



Lake County Children's Advocacy Center

Volunteer Application



Please submit the completed application to Carrie Wings - Education & Outreach Specialist at the LCCAC: cwings@lakecountyil.gov

PERSONAL INFORMATION

Name	Last	First	Middle	Date of Birth
Address	Street	City	State	Zip Code
Social Security Number	List any other languages you speak			
Home Phone	Work Phone	Cell Phone	Email	
Name of Emergency Contact				Phone Number

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?

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

APPLICATION RECEIVED BY	DATE	TIME
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