

The Lake County Haven
PO Box 127, Libertyville, IL 60048
VOLUNTEER APPLICATION

DATE: _____

Name _____

Occupation _____

Address _____

Employer _____
(or school attended)

City/zip _____

Work Phone _____

Home Phone _____

Cell Phone _____

Date of Birth _____

Best time to call _____

EMERGENCY CONTACT

Email _____

Name _____

DAYS/TIMES AVAILABLE Be specific!!

Phone _____

_____ Sunday hours: _____

Relationship _____

_____ Monday hours: _____

_____ Tuesday hours: _____

_____ Wednesday hours: _____

_____ Thursday hours: _____

_____ Friday hours: _____

_____ Saturday hours: _____

AREAS OF INTEREST

- Child care Accepting/sorting donations
 Tutor Grocery shopper
 Job Skills Professional services
 Clerical Fundraising/Women's Auxiliary
 Computers Property Maintenance
 Driver Nutrition Awareness
 I will serve where needed.
 Special events only.

DRIVING INFORMATION

Can you provide transportation by car for The Haven? Yes No

Please include the following with your application whether or not you are offering to drive:

Copies of drivers license, Proof of Auto Insurance Card, and Auto Policy Declaration

FOR OFFICE USE ONLY:

DCFS Approved

App Received: _____

ISP Approved

Orientation date: _____

References Received? _____

Start date: _____

On Email List? _____

Assignments: _____

On Database? _____

On Vol. List? _____

On Giftworks? _____

Auxiliary Referral? _____

Termination: _____

Reason: _____

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WHICH OF YOUR TALENTS MAY BE HELPFUL TO THE LAKE COUNTY HAVEN?

DO YOU HAVE PREVIOUS VOLUNTEER EXPERIENCE? WHERE AND WHEN?

WHY ARE YOU INTERESTED IN VOLUNTEERING AT THE HAVEN?

HOW DID YOU HEAR ABOUT THE HAVEN?

CONFIDENTIALITY AND DISCLOSURE STATEMENT

Please read the following and sign below.

I, _____, as a volunteer of The Lake County Haven, agree to the following:

1. I will never divulge any information about a client of The Haven during or after my involvement outside of The Lake County Haven.
2. I understand that I am required by law to be a mandated reporter in the event that I suspect any type of child abuse or neglect.
3. I understand that I am legally responsible and liable if I choose to knowingly disregard The Haven's policies and procedures as a volunteer.
4. I understand that my signature authorizes The Haven to conduct whatever background checks the Board deems necessary. I also understand that the results will be held in confidence by The Haven and be disclosed only to the appropriate staff members.
5. I consent to the possibility of being the subject of photos or news releases for publicity purposes and to the use of my name, likeness, voice or biography by The Haven.
6. I represent that I am genuinely interested in volunteering to work at The Haven, and I am making this application for no other purposes.

I certify that the information given on this application is true and correct to the best of my knowledge.

SIGNATURE

DATE

When we receive the application and completed background forms, we will call you to schedule an training/orientation to The Haven. During this time we will also discuss your volunteer interests and availability, and how we can best meet each other's needs.

Once again, The Lake County Haven greatly appreciates your interest in volunteering. In order to assist us with the costs associated with processing your application, please consider making a contribution. Thank you!

I would like to make the following tax-deductible contribution:

___ \$5 ___ \$10 ___ \$25 ___ \$50 ___ \$100 ___ Other \$ _____