

CIRCLE FAMILY CARE
Volunteer Enrollment Application

I. PERSONAL DATA

Date:

Name: _____ Social Security #: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ (day) _____ (evening)

Fax: _____ Email: _____

Emergency Contact (Name & Number): _____

Relationship: _____

II. SKILLS & EXPERIENCE

Current Occupation: _____

Education: _____

Hobbies, Skills: _____

Previous Volunteer Experience: _____

III. INTERESTS

What opportunity are you interested in? (*check all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> Helping with special events | <input type="checkbox"/> Helping with special projects |
| <input type="checkbox"/> Helping with general office administration (clerical) | <input type="checkbox"/> Working with outreach programs |
| <input type="checkbox"/> Custodial | <input type="checkbox"/> Other _____ |

Which group are you interested in working with at CFC? (*Check all that apply*)

- | | |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Children | <input type="checkbox"/> Teens |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Elderly |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> CFC Staff |
| <input type="checkbox"/> Other _____ | |

Is there a group you are not comfortable working with at CFC?

No: _____ Yes: _____ If so, which one? _____

Do you have any health limitations?

No: _____ Yes: _____ If yes, would it inhibit you from performing a specific function? (*Explain*)

If you are volunteering to work with a specific program or at a specific division, please list program/division name and duties _____

IV. AVAILABILITY

When are you available to volunteer? (*Please check days and indicate times*)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	A.M. Hours	P.M. Hours

V. REFERENCES

Please list two non-family references:

Name: _____ Phone: _____

Name: _____ Phone: _____



How did you hear about CFC? _____

You will be contacted by someone from our office within two weeks. However, if you need immediate information or assistance, please call Dia Hart, Development/Grants Manager at 773.379.1000 Ext. 3018 or email dhart@circlefamilycare.org

Thank you, for your interest in Circle Family Care and our community.

Please return this application to: Development Department
Circle Family Care
5002 W. Madison, St.
Chicago, IL 60644-4127
Attn: Dia Hart, Development/Grants Manager
Fax to:773.379.1000 ext. 3018