



Volunteer Application 2016-17

Today's Date: (mm/dd/yyyy) / /

Permanent Phone: () -

Full Name:

Permanent Address:

Current Address:

Birth date (mm/dd/yyyy): / /

E-Mail:

Phone (W): () - ext

Sex: Male Female

Phone (H):() -

Emergency Contact: Name:

Mobile: () -

Relationship: Phone: () -

Race/ Ethnicity:

Occupation

Student School:

Employed

Major: Graduate or Undergraduate:

Employer:

Expected Graduation Date:

Position:

Address:

For which program (s) would you like to volunteer? (Please mark a community and specific programs *only within that community*)

Near North/ Cabrini Green

Washington Park

Uptown/ Rogers Park

Read to Me (PreK-K)

Read to Me (PreK-K)

Read to Me (PreK-K)

Score Tutoring (1st-6th)

Score Tutoring (1st-6th)

Score Tutoring (1st-6th)

Teen Tutoring (7th-9th)

Teen Tutoring (7th-9th)

Teen Tutoring (7th-9th)

Teen Career (10th-12th)

Teen Career (10th-12th)

Teen Career (10th-12th)

Studio/CTC/Rec (8th-12th)

Studio/CTC/Rec (8th-12th)

Studio/CTC/Rec (8th-12th)

Saturday Dreams (1st-6th)

Saturday Dreams (1st-6th)

Saturday Dreams (1st-6th)

Free Health Clinic

Free Health Clinic

Free Health Clinic

Teen Exodus (Girls 7th-12th)

Teen Exodus (Girls 7th-12th)

Teen Exodus (Girls 7th-12th)

B3 Boys (7th-12th)

Basketball (Boys 7th-12th)

Boys to Men (Boys 7th-9th)

NWMH Tutoring (PreK-9th)

Boys Mentoring (4th-7th)

Girls Mentoring (1st-6th)

Teen Forums (9th-12th)

5350 S. Prairie, Chicago, IL 60615

Tel: 773.924.0220 FAX: 777.924.0222 WWW.CHICAGOYOUTHPROGRAMS.ORG

NEAR NORTH/ CABRINI GREEN

NORTH LAWNDALE

UPTOWN/ ROGERS PARK

WASHINGTON PARK

How did you here about us?

- Word of Mouth
Who?
 Class Presentation
Where?
 Chicago Cares

- Internet
Web site:
 Recruitment Fair
Where?
 Other:

If you are a returning volunteer, please answer the following 3 questions and then skip to page 3.

When did you begin volunteering with Chicago Youth Programs? (mm/yy) /

I am interested in being a Volunteer Program Coordinator:

- Yes No

If you have volunteered before, would you like to tutor/ mentor the same child? If so, what is the child's name?

ALL volunteers (including RETURNING) please answer the following questions openly and honestly. Answering "Yes" for any of the following questions does not necessarily bar you from volunteering with Chicago Youth Programs.

Have you ever been convicted of a felony? Yes No

If yes, please explain:

Have you ever been convicted of a crime involving children, including sexual abuse/molestation, physical abuse, or neglect and/or are you the subject of an indicated child abuse and maltreatment report on file in any state? Yes No

Have you ever been terminated, suspended, placed on probation, reprimanded, or otherwise penalized by an employer for child abuse and/or maltreatment in this state or elsewhere? Yes No

If yes, please explain:

Please list any additional states you have lived in as an adult:

If you are a NEW volunteer, please complete the following questions.

Why do you want to volunteer with Chicago Youth Programs? What do you expect to gain from your experience as a volunteer?

Do you have any volunteer and/or paid experience or formal training working with children and youth (i.e., tutoring, teaching, camp counseling, training dates/classes, etc.)? Please explain.

Do you have an age or gender preference for the child with whom you will work?

Volunteer Agreement

I declare that this Volunteer Application is true and complete to the best of my knowledge.

Please type name: Date:

I agree that I will not use any information obtained from the children as a volunteer with Chicago Youth Programs, Inc! for personal gain or profit.

Please type name: Date:

I authorize Chicago Youth Programs, Inc! to conduct a criminal background check on me through Illinois State Police in order to insure utmost safety for the children and families of Chicago Youth Programs.

Please type name: Date:

I authorize the release of publicity/promotional materials and videos of Chicago Youth Programs, Inc! that I may be involved in.

Please type name: Date:

I understand that I am required by law to report any suspicion of child abuse to the Program Director or, in case of the Program Director's absence, to the Chief Administrative Officer.

Please type name: Date:

I understand as a volunteer with Chicago Youth Programs, Inc! that the nature of volunteer activities may involve physical activity, contact with unfamiliar people, travel to and from unspecified locations, and other potential risks of injury. Knowing this, I still wish to volunteer and hereby assume the risk for any accident of injury, to person or property, which I may sustain in conjunction with my participation as an Chicago Youth Programs, Inc! volunteer or in any Chicago Youth Programs, Inc! activity. In addition, I hereby release and discharge Chicago Youth Programs, Inc! and any of its directors, officers, employees, affiliates, or successors from any and all liability and responsibility for any such action or injury.

Please type name: Date: