

Voluntary Action Center

Volunteer Application Form

This application will be used to establish your eligibility as a volunteer. The information you provide helps us assure you, this agency, and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in VAC services. Return completed application to: Voluntary Action Center, 1606 Bethany Road, Sycamore, IL 60178. Please call 815-758-3932 for more information.

Application Date: _____

Name: _____

Home Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Birthdate: _____

Second Language(s): _____

How did you hear about our Volunteer Program? _____

What is your reason for volunteering? _____

Opportunities Interested In:

- MedVAC Driver Deliver Meals on Wheels Serve Lunch Kitchen Help
 Special Project Clerical Work Events & Fundraising Summer Meals

How many hours are you willing to volunteer per week? _____

How often are you able to volunteer? Weekly Monthly Occasionally

Are you available year-round? Yes No

If not, when are you available (i.e. June thru Nov) _____

Please mark days and times you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Will you be volunteering as part of a group, organization or business?

Yes No If yes, with whom _____

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For All Driving Opportunities:

Drivers License #: _____ Ex. Date: _____ State: _____

Do you have auto insurance Yes No If yes, Issuing State _____

MedVAC drivers only:

	Yes	No
Has your license been suspended or revoked in the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, why? _____		

Have you been involved in an accident in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain, and note if you were given a citation?		

Have you received a non-parking traffic violation in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, why? _____		

Will you provide a Driver's Abstract from the SOS office upon request?	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to drive only in DeKalb County.	<input type="checkbox"/>	<input type="checkbox"/>

If I am willing to drive outside of DeKalb County, I would drive to drive to the following locations (mark all that apply):

DeKalb County City of Chicago Suburbs Rockford Rochelle

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____

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Please read the following carefully before signing this application:

My signature below certifies that the information given on this form is true and correct to the best of my knowledge and that I agree to the following:

- I understand that driving for VAC is an important responsibility and I will exercise care and due diligence while driving.
- I understand that before I am allowed to drive for VAC, I must undergo a training program.
- I understand that as a volunteer driver, I must be 21 years of age.
- I certify that I possess a valid driver's license.
- I agree to provide VAC a copy of my most recent Drivers Abstract from the Secretary of State's office. (All selected candidates will have their payment reimbursed by the agency.)
- I agree that I will obey all State of Illinois traffic laws and regulations, including, but not limited to, ceasing use of a cellular phone while driving, adhering to all safety belt laws, and obeying all posted traffic speeds.
- I understand that this is an application for and not a commitment or promise of volunteer opportunity.
- I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with VAC that is true, correct and complete to the best of my knowledge.
- I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position.
- I understand that information contained on my application will be verified by VAC.
- I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with VAC or my termination as a volunteer.

Signature _____ Date _____