



**VOLUNTEER APPLICATION**  
 Community Support Services  
 9021 Ogden Avenue  
 Brookfield, IL 60513  
 708.354.4547 fax:708.387.0756  
 www.communitysupportservices.org

**PERSONAL INFORMATION**

Today's Date: \_\_\_\_\_

Last Name	First Name	Middle Initial	Race:	Birth Date and Year:	Circle one: Male or Female
Current Street Address			Home Phone		
City		Zip Code	Alternate Phone		
E-mail Address			How do you prefer to be contacted?		

**EMPLOYMENT INFORMATION**

Employer	Position/How long?
Work Phone	May we contact you at work?

**EMERGENCY INFORMATION**

Emergency Contact	Phone Number	Relationship
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**VOLUNTEER INFORMATION**

How did you hear about our volunteer program?  
 \_\_\_\_\_

Do you require any special accommodations to volunteer?  
 \_\_\_\_\_

Previous Volunteer Experience:  
 \_\_\_\_\_

Do you speak/write any languages in addition to English?  
 \_\_\_\_\_

**Special Skills** (mark all that apply):

- Typing/Filing
- Painting
- Sewing
- Event Planning
- Photographer
- Computers
- Home Repair
- Arts/Crafts
- Advocacy
- CPR/First Aid
- Gardening
- Mailings
- Spanish translation (written/verbal)

Others Please indicate: \_\_\_\_\_

**Special Events**

- Raffle Ticket Sales
- Planning Committee
- Pre-event Preparations
- Event Day Set-up
- Help during event
- Breakdown of events
- Event follow-up
- Teach a class

**Office/Facility**

- Work Day at CILA homes
- Gardening
- Computer Work
- Filing
- Mailings
- Flyer Distribution
- Special projects

**AVAILABILITY**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURUDAY	SUNDAY

Daytime  
Indicate  
Hours  
Available

Evening  
Indicate  
Hours  
Available

Have you even been convicted of a felony?

If yes, please explain: \_\_\_\_\_

I understand that I am applying to be an unpaid volunteer for Community Support Services and that this is not an application for employment. I hereby release Community Support Services, its officers, directors, employees, volunteers and participants from any liability for any loss cost or damage to me or my property arising out of or in connection with my volunteer assignment. I certify that all answers given by me are true, complete and correct. I authorize Community Support Services to complete a background and reference check if pertinent to the volunteer program area. If I am accepted as a volunteer, I agree to abide by the requirements of the program and the agency policies and procedures for Community Support Services' volunteers. In consideration of being permitted to perform the volunteer services for the Community Support Services ("CSS"), I, for myself and my heirs and representatives, voluntarily and knowingly waive any and all rights, claims or causes of action including, but not limited to, those involving bodily illness, injury or property damage that occur while I am engaged, directly or indirectly, in performing any volunteer services on behalf of CSS, regardless of the cause of such illness, injury or damage. I agree to indemnify, defend and hold CSS and its officers, directors, agents and employees harmless from and against any and all liability, damage, loss, cost and expense whatsoever incurred as a result of any claim, demand, or cause of action, brought against CSS, or any of its officers, directors, agents or employees, jointly or individually, for bodily injury or property damage suffered as a result of any act or omission of mine that occurs in relation to my performance (or failure to perform) any volunteer services. I confirm that I have read and fully understand the contents of this Waiver of Liability and Agreement to Indemnify. This Waiver of Liability and Agreement to Indemnify shall continue in full force and effect until terminated in writing and in the event of such termination shall remain applicable to all matters occurring or first arising on or before the date of such termination regardless of such termination.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Guardians Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_