



Innocent Children Foundation

836 S. Arlington Heights Road # 195 • Elk Grove Village, IL. 60007 • anapp@anapp.us

Volunteer Application

All fields are required to be filled out prior to becoming a volunteer.

Incomplete applications will not be processed.

Last Name: _____

First Name: _____

Middle Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____

Cell Telephone: _____

Business Telephone: _____

E-mail Address: _____

Date of Birth: _____

Social Security Number: _____-_____-_____

Name of person to contact in case of an emergency:

Last Name: _____

First Name: _____

Relationship: _____

Telephone Numbers to call:

Day: _____

Evening: _____

Information about your education: (Please fill in based on your current level of education.)

I have completed: ___ High School ___ Some College ___

*If applicable, please list the college that you are attending now:

If applicable, please denote what academic year you are in currently:

_____ Freshman _____ Sophomore _____ Junior _____ Senior

I have completed or am finishing Graduate School: _____

I need volunteer hours for school/college credit: _____ If yes, how many?

Please list the name of the college/university you graduated from:

*If you are currently taking classes, please submit a copy of your most recent college/university transcript.

Information about your employment:

Current Employer: _____

Position: _____
Start Date: _____
Manager Name and Title: _____
Manager Phone Number: _____

Information about your health:

Is there any health reason that might limit your ability to volunteer? _____ Yes
_____ No
If yes, please describe:

How did you hear about volunteering at Innocent Children Foundation?

Please check which one applies:

_____ ICF Volunteer _____ Website _____ ICF Employee _____ Newspaper
_____ TV _____ Work _____ School/College _____ Other _____ Please explain:

Information about your volunteer interests:

Please describe in detail why you are interested in volunteering here at ICF. (Write on the back of this page if additional space is needed.)

Information about your interests/skills/experience and availability:

Sharing your story of sexual abuse: Yes _____ No _____

Please list your experiences or skills that relate to others:

Please list your current volunteer roles with location (if any) and list your previous volunteer roles:

Please circle the most appropriate day and shift that you would be available to volunteer:

Mornings: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Afternoons: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Evenings: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you interested in supporting ICF at Special Events?

_____ No _____ Yes _____

Morning ____ Afternoon ____ Evening ____ Weekend

Are you interested in assisting with special projects such as mailings or office work?
____ No ____ Yes ____ Morning ____ Afternoon ____ Evening ____ Weekend

References:

Please print the **COMPLETE** mailing addresses of three people we may contact (**excluding relatives and roommates**) who have known you for more than two years. Local references preferred.

Name: _____
Relationship: _____
Address: _____
City: _____ Zip: _____
Telephone: (____) _____

Name: _____
Relationship: _____
Address: _____
City: _____ Zip: _____
Telephone: (____) _____

Name: _____
Relationship: _____
Address: _____ City: _____
Zip: _____
Telephone: (____) _____

Innocent Children Foundation reserves the right to conduct state and federal background checks.

Have you ever been arrested for conducting or attempting to conduct a sexual offense? ____ Yes ____ No

If yes, please list the date(s) of the arrest(s) and any facts and circumstances surrounding the arrest(s). Being arrested does not automatically exclude you from consideration. If you meet the requirements, you will be able to explain the circumstances of your arrest. If you are subsequently arrested for conducting or attempting to conduct a sexual offense during the course of your volunteer services at ICF, you agree to notify Volunteer Services. Failure to do so may result in termination.

Have you ever been convicted, plead no contest, or plead guilty to a felony or misdemeanor? ____ Yes ____ No

If yes, please list the date(s) of the arrest(s) and any facts and circumstances surrounding the arrest(s).

Volunteer Privacy Information and Release Authorization

Please read the following carefully

Privacy Policy

All information included in this application will be treated as confidential information and is propriety to ICF and its management team.

Your information will not be sold to outside parties.

Your information will not be shared with anyone outside of ICF management.

Application information

I certify that all information in this application is true and complete.

I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

References

I understand that ICF requires information from me to evaluate my qualifications for volunteer service. I authorize and release personal references, employers (past and present), and, if necessary, other applicable entities to answer questions in regards to volunteer work, employment, ability, character, medical and emotional background and, if applicable, driving history.

Background investigation

I understand, in consideration of my application, a background investigation will be conducted. I understand this investigation may include, but is not limited to, a criminal background check in the files of any Federal, state or local justice agency, driving history, drug screening or reference verification.

I authorize ICF and associated entities to conduct the background investigation and release ICF from responsibility for this investigation. I understand the requested information is for the sole purpose of gathering accurate information for volunteer services at ICF.

I have read and understand the above and by my signature consent to these statements.

Applicant Signature

Date

Mail your application to:

**The Innocent Children Foundation
Attn: Volunteer Coordinator
836 S. Arlington Heights Road**

**# 195
Elk Grove Village, IL. 60007**

Volunteer Candidate Selection Process:

Step 1:

Print and mail your completed application to:

The Innocent Children Foundation
Attn: Director of Programs and Services
836 S. Arlington Heights Road # 195
Elk Grove Village, IL. 60007

All applications must be received 30 days prior to the interview date. (See below for 2010 interview dates.)

EMAILED APPLICATIONS WILL NOT BE PROCESSED.

Step 2:

ICF will contact all your references.

Step 3:

ICF Director of Programs and Services will contact selected candidates and schedule a time to come in. 2010 Volunteer interviews will be conducted on the following dates:

**April 8th
June 8th
September 8th**

Step 4:

Candidates that ICF expresses an interest in will have their background checks performed at this stage.

Step 5:

Candidates who pass all background checks will be called and invited to ICF volunteer orientation.