



410 Grand Avenue, Waukegan, IL 60085

-Volunteer Application -

FAX: 847-406-4685

PHONE: 847-406-4683

E-mail: info@eldercarelakecounty.org

Today's Date: _____

Completed ElderCARE Lake County Training?

[] Not Yet [] Yes
(If "yes" - which date: _____)

I. Personal Information

* First Name: _____

* Last Name: _____

* Address 1: _____

Address 2: _____

* City: _____

County: _____

* State: _____ * Zip Code: _____

* Home Phone: _____

* Cell Phone: _____

Best time to call? _____

E-mail Address: _____

* Date of Birth: _____

* Sex: _____ Race: (optional) _____

Religious Affiliation: _____

Church/Congregation: _____

Retired: [] Yes, Year: _____ [] No

II. Emergency Contact Information

* First Name: _____

* Last Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip Code: _____

* Phone (Day): _____

* Phone (Night): _____

E-Mail: _____

* Relationship of Contact: _____

III. How you learned about ElderCARE Lake County?

- [] Congregation
[] Friend
[] Employer
[] Community
[] School
[] Volunteer Match
[] Other: _____

IV. Employment Information

Present or Previous Occupation:

Present or Previous Employer:

General Work Hours: _____

V. Choices for Volunteer Assignments

(Check all that interest you)

- Friendly Visit Reassurance Calls (weekly)
- Fund Raising/Special Events
- Help in ElderCARE Office (computers/mailings
phone calls etc. M-F during day)
- Shopping (pick up a list)
- Transportation (Mon-Fri daytime; your car)
- Other: _____

Can you volunteer in a home with pets?

- Yes No

Can you volunteer in a home with stairs?

- Yes No

Do you require a smoke-free placement?

- Yes No

**VI. When are you available to volunteer?
(Generally)**

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. Other Information - Please list your interests, hobbies, musical instruments, etc.

List any previous volunteer experience:

Do you belong to other organizations (Rotary, Women/Men Clubs, etc.)? If yes, please list.

***Thank you for your interest in helping
your older neighbors in need!***

Do you want to only volunteer with a partner?
 No Yes (If Yes, give info below)

Name: _____

Address: _____

Phone: _____

Do you have any physical limitations or considerations, such as distance from home, which would influence your volunteer placement?

- No Yes (If Yes, please explain below)

Have you ever been convicted for violation of any laws, traffic or otherwise?

- No Yes (If Yes, please explain below)

VIII. Two Current Non-Family References:

1. * Name : _____

Address : _____

* Phone: _____

2. * Name: _____

Address : _____

* Phone: _____

**Please mail completed application to:
ElderCARE Lake County
410 Grand Avenue, Waukegan, IL 60085**