

Volunteer Application

Name _____ E-mail _____

Address _____

City _____ State _____ Zip _____

Best Phone to Reach You _____ Alternate Phone _____ Birthdate _____

Please list two references:

Reference 1 Name _____

Address _____ City _____ State _____

Phone _____ Relationship to you _____

Reference 2 Name _____

Address _____ City _____ State _____

Phone _____ Relationship to you _____

In case of emergency, notify:

Name _____ Phone _____

Physician _____ Phone _____

Do you have any health-related restrictions (allergies, lifting, etc.)? _____

Education

Are you currently enrolled in school? - Check below

Yes Name of School _____ City and State of School: _____ Grad. Date: _____

No Check highest level of education completed: Junior High School High School College

List last two jobs or work experiences:

1. _____ Dates _____

2. _____ Dates _____

List last two volunteer experiences:

1. _____ Dates _____

2. _____ Dates _____

List hobbies, special interests or foreign languages _____

How did you become interested in Shriners Hospitals for Children? _____

Areas of Interest - check one or more:

Clerical Food service Outdoor/grounds work Environmental Services Other _____

Days Available - check one or more:

Monday Tuesday Wednesday Thursday Friday

Times Available - between 8:00am - 7:00pm: _____

Volunteers commit to 2 to 4 hours each week. On-call opportunities available. 6-month minimum required. Your signature shows your commitment to such a schedule.

Signature _____ Date _____



Shriners Hospitals
for Children™
Chicago

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Fax: 773.385.5453

E-mail inquiries:

volunteer_chicago@shrinenet.org

Return application by Fax, email, or mail c/o Volunteer Services

Office Use Only

Rec'd _____ Logged _____ Interview scheduled _____

Notes: _____
