

*Ending homelessness by restoring lives.*

# VOLUNTEER APPLICATION 2011-2012

Please complete this application if you are volunteering with DuPage PADS. ALL volunteers MUST register with DuPage PADS. Fields marked with an asterisk (\*) are required.

## Name and Contact Information

\*First Name \_\_\_\_\_

\*Last Name \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\*E-mail \_\_\_\_\_ Work Phone \_\_\_\_\_

## \*Demographic Information

Age range (please check one)

- Under 18
- 18-40
- 41-65
- 65+

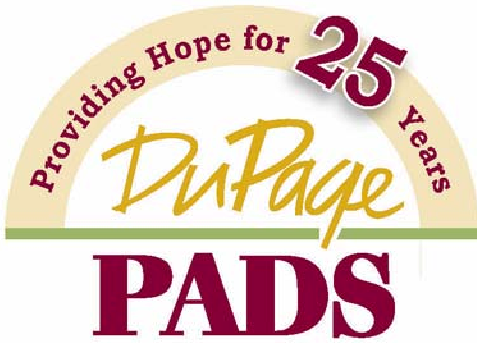
Sex (please check one)

- Female
- Male

## \*Programs of Interest (please check all that apply)

- Interim (Overnight) Housing
- Support Center
- Transitional and Permanent Supportive Housing
- Employment Readiness Support and GED Preparation





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**Support Team and Location**

If you are volunteering as part of a Support Team at an Interim (overnight) site, please provide the name address of the Support Team (i.e. congregation, business, youth group, service organization). If you are volunteering as an individual, please leave this blank.

Interim Housing Support Team Name \_\_\_\_\_

Interim Housing Support Team Site Location \_\_\_\_\_

**Additional Questions (please check yes or no)**

\*1) **Background Check:** Will you allow DuPage PADS to perform a background check with the appropriate public authorities for public records regarding your history?

- Yes
- No

\*2) **Criminal History:** Have you ever been convicted of a felony or sexual offense?

- Yes
- No

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

**Agreement**

In registering as a volunteer with DuPage PADS I certify that all the information I have provided is true. I agree to adhere to the policies in the Volunteer Handbook and Interim (Overnight) Housing Volunteer Procedure manual. Furthermore, I express my acceptance of the mission, goals and values of DuPage PADS and will notify the DuPage PADS Volunteer Coordinator or Volunteer Support Team Coordinator if I am unable to fulfill my commitment as a volunteer. I am willing to complete further training if it is necessary. Lastly, I will sign the Memorandum of Understanding prior to volunteering with PADS.

\*Volunteer Name \_\_\_\_\_

\*Volunteer Signature \_\_\_\_\_

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

If you have any question or concerns, please feel free to contact Anne O'Dell, Volunteer Services Coordinator, at aodell@dupagepads.org or 630.682.8567 x350.

