



# DRNC NFP

DuPage Residents Networking for Change – Not for Profit 501(c)(3) Org

Approval Date \_\_\_\_\_

Denial Date \_\_\_\_\_

DNRC Staff \_\_\_\_\_

## Volunteer Application Form

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Birthdate: \_\_\_\_\_  
Type or Print (Mo / Day)

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Ph: \_\_\_\_\_ Alternate Ph: \_\_\_\_\_ Email \_\_\_\_\_

Please Select All That Apply

### AVAILABILITY

Hours per month: \_\_\_\_\_ Regularly each month? Yes \_\_\_\_\_ No \_\_\_\_\_

Preferred Days: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Weekends \_\_\_\_\_

Preferred Times: Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

### TYPE OF VOLUNTEER\*

- Office Support
- Food Pantry
- Special Event Support
- Social Media Support / Marketing
- Scholarship Committee
- Fund Raising Committee

### BACKGROUND INFORMATION

Present Occupation \_\_\_\_\_

Employer (if retired N/A) \_\_\_\_\_

### SPECIAL SKILLS OR QUALIFICATIONS/ LANGUAGES SPOKEN

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other Activities, including hobbies or sports. List languages spoken *other than* English.

### PREVIOUS VOLUNTEER EXPERIENCE

Summarize your previous volunteer experience.

### REASON FOR VOLUNTEERING

Briefly describe why you want to volunteer with DRNC.

### ADDITIONAL INFORMATION

Have you ever been arrested or convicted of a felony? If yes, please explain.

Have you ever been arrested or convicted of a crime against a child? If yes, please explain.

(\* An Illinois State Police background check is required for ALL volunteers.)

Revised 11/11/16

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## REQUIRED SERVICE HOURS

If you are volunteering in order to fulfill a requirement for community service hours, please provide the following information.  
Note: We **CAN NOT** provide opportunities for individuals with court-ordered community service.

Name of school, church, job etc. requiring hours: \_\_\_\_\_

How many hours of community service do you need? \_\_\_\_\_

By what date do your hours need to be completed? \_\_\_\_\_

## PHYSICAL LIMITATIONS or MEDICAL RESTRICTIONS

Do you have any physical limitations or medical restrictions? \_\_\_\_ Yes \_\_\_\_ No

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

## VOLUNTEER GUIDELINES

Volunteers are very important to DRNC. We would not be able to assist the various community and service organizations in DuPage County without your assistance. Because of this, we request that all volunteers adhere to the following guidelines:

- Be punctual and conscientious; arrive at your designated time, dressed appropriately, and ready to work. Please call your DRNC contact person ahead of time if you are not able to make it to your assigned shift.
- Practice the buddy system when working on team volunteer outings and exchange contact information.
- Report inappropriate behavior or anything that makes you uncomfortable immediately to your immediate site coordinator, your DRNC contact person and/or the local authorities (if necessary).
- Do not become involved in site disputes; direct all incidents to your DRNC contact person.

Failure to comply with these guidelines or to conduct yourself in a professional manner will immediately terminate your volunteer relationship with DRNC.

## REFERENCES *(Please Print)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## EMERGENCY CONTACT *(Please Print)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## AGREEMENT AND SIGNATURE

By submitting this application, I understand that I am applying for an unpaid volunteer position, I am at least 18 years of age and I have read the volunteer guidelines above.

Signature \_\_\_\_\_

Date \_\_\_\_\_