



2849 East New York Street, Unit D
 Aurora, IL 60502
 630-701-6270
 cyndic@waterleafwc.org

Volunteer Application

Contact Information

Name			
Street Address			
City ST ZIP Code			
Home Phone		Work Phone	
E-Mail Address		DOB	/ /
Parish/Church		City	

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Areas of Interest

- | | | |
|---|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Counseling | <input type="checkbox"/> Administration substitute |
| <input type="checkbox"/> Prenatal Information | <input type="checkbox"/> Reception | <input type="checkbox"/> Hotline |
| <input type="checkbox"/> Male Post-abortive | <input type="checkbox"/> NFP | <input type="checkbox"/> Inventory Management |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Client Mentoring | <input type="checkbox"/> Marketing/Public Relations |
| <input type="checkbox"/> Parish Liaison | <input type="checkbox"/> Gratitude | <input type="checkbox"/> Teen Advisory Board |
| <input type="checkbox"/> Client Follow-up | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Couples Support Group |
| <input type="checkbox"/> Technical Support | <input type="checkbox"/> Post-abortive | <input type="checkbox"/> Calendar of Events |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Scrapbook | <input type="checkbox"/> Adoption Referral |
| <input type="checkbox"/> Community Relations | <input type="checkbox"/> Breastfeeding Resource | |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience and Protecting God' Children Certified

Summarize your previous volunteer experience. Are you currently certified through the Joliet Diocesan "Protecting God's Children Program"?

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Person to Notify in Case of Emergency

Name			
Street Address			
City ST ZIP Code			
Home Phone		Work Phone	
E-Mail Address			

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	