

VOLUNTEER APPLICATION

Name:	
Phone:	
Birth Date:	
Address:	
E-mail:	
How did you find out about HPNC as a possible volunteer site?	
Have you had any prior contact with HPNC staff about volunteer opportunities?YN	
If Yes, please specify:	
Are you affiliated with the University of Chicago?YN If Yes, in what capacity?	
What is your primary reason for volunteering:	
School Requirement/service learning (School:)	
U of C Day of Service Group Project (Group name:)	
Court Ordered	
Personal Interest	
What types of volunteer work are you interested in?	
Classroom assistance/homework help	
Sports assistance to our of School Time Programs	
Mentoring (mentees are middle+high school kids)	
Assist with Seasonal & Special Events:	
Craft preparation	
Library / organizing resources & supplies	
Office work/typing/filing	
Fundraising	
Maintenance /Gardening	
Other:	



If you are interested in working with	children, what ages do you want to work with:	
Young Children Age 0-4		
Elementary School Age Child	en 5-12	
Middle & High School Age Yo	uth 12 - 18	
Are you willing to submit to a fingeN	orint background check (<u>required</u> for those working directly with childrer	1)?
Have you ever been convicted of aYN	felony or any crime against children (background check will confirm)?	
Have you worked or volunteered a	HPNC in the past?N	
If Yes, when & in what capacity?_	····	
Availability/Desired Schedule: (hou	s & days of the week):	
Schedule: M	h F Sat Sun	
Hours Available: from	to	
Beginning date:		
Ending date:		
Emergency Contact Information (re	quired before start date):	
Name:	Relationship:	
Best Phone:	Alt. Phone:	
Address:		
Doctor/Health Care Provider:	Phone:	
Any medical conditions which requ		
	attend an orientation. Orientations are typically held once p er month. I this within a week of our receipt of your completed application.	
Volunteer Signature	Date	
Parent/Guardian Signature (for volunteers under age 18)	Date	