



Boone County
DEPARTMENT OF
PUBLIC HEALTH

1204 Logan Avenue ♦ Belvidere, Illinois 61008

Main Office: 815-544-2951 ♦ Clinic: 815-544-9730
Fax: 815-544-2050

VOLUNTEER APPLICATION

Last Name	First Name	Middle	
Home Address	City	State	Zip Code
Business Address	City	State	Zip Code
Home Phone	Business Phone	E-mail address	Fax Number
Current Employment			
<input type="checkbox"/> Check here if you are not employed at this time.			
Employer			
Length of Employment			
Position/ Title			
Mailing Address			
City	State	Zip Code	
Experience			
Organization Name	Address	Phone	
From: _____ to _____	Supervisor's Name/Title:		
Organization Name	Address	Phone	
From: _____ to _____	Supervisor's Name/Title:		
Prior or Current Volunteer Experience:			
Current Licence (s):			
Type:	Number:	State:	Expiration Date:
Type:	Number:	State:	Expiration Date:
Language Skills (include sign language):			

Volunteer Opportunities:	
Are you registered with any other volunteer service? Yes _____ No _____	
List: _____	
<i>Check activities which interest you or skills you possess:</i>	
<input type="checkbox"/> Administration	<input type="checkbox"/> Development
<input type="checkbox"/> Clerical	<input type="checkbox"/> Disaster Education
<input type="checkbox"/> Consulting	<input type="checkbox"/> Marketing
<input type="checkbox"/> Communications	<input type="checkbox"/> Public Relations
	<input type="checkbox"/> Translating Language _____
	<input type="checkbox"/> Youth Programs
	<input type="checkbox"/> Other:
Availability	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
<input type="checkbox"/> Anytime	
<input type="checkbox"/> Prefer continuous duty <input type="checkbox"/> Prefer duty on separate days	
Hours available:	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
Emergency Contact Information	
Name:	Relationship:
Home Phone:	Work Phone:
Name:	Relationship:
Home Phone:	Work Phone:
Medical Information	
Describe any restrictions on your activities (physical, medical, mental):	
Immunizations	
Date of last tetanus shot:	Other immunizations (smallpox, etc):
Personal Information	
Are you licensed to operate a motor vehicle in this state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently charged with or have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	

Volunteer Agreement

1. The information provided is complete and true. If information given on this application is incomplete or untrue, I understand my assignment may be terminated.
2. I have disclosed any felony convictions. I agree to a background check, verification of the statements contained herein and additional screening procedures.
3. I understand that my own insurance will be used as coverage for illnesses and injuries and that I am ultimately responsible for any costs incurred.
4. I agree to respect the rights, property and confidentiality of all client information at all times.
5. I agree to adhere to the rules/instructions of my job assignment(s).
6. I agree to uphold the mission of the health agency.

Signature: _____ Date: _____