



111 West Harris Avenue, La Grange, IL 60525  
P 708.354.1323 F 708.354.0282 E www.agingcareconnections.org

Thank you for your interest in becoming a volunteer at Aging Care Connections. In order for us to best utilize your skills and interests, we ask that you complete this form. All information is **confidential**.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PRESENT WORKING STATUS: \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Retired

TIMES AVAILABLE: \_\_\_ Mornings \_\_\_ Afternoons \_\_\_ Both

PREVIOUS WORK EXPERIENCES	DATES	TYPE OF WORK
_____	_____	_____
_____	_____	_____

OTHER INTERESTS, ACTIVITIES, ORGANIZATIONS: \_\_\_\_\_  
\_\_\_\_\_

SPECIAL TALENTS, OFFICE SKILLS: \_\_\_\_\_  
\_\_\_\_\_

FOREIGN LANGUAGES SPOKEN: \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS PROGRAM? \_\_\_\_\_

ARE YOU COMFORTABLE WORKING WITH OLDER ADULTS? \_\_\_\_\_

WHICH OF THE FOLLOWING TYPES OF VOLUNTEERING INTERESTS YOU?

- |   |  |
|---|--|
| <input type="checkbox"/> Fundraising Events       | <input type="checkbox"/> Entitlement and Client Support Services |
| <input type="checkbox"/> Telephone Receptionist   | <input type="checkbox"/> Front Desk Receptionist                 |
| <input type="checkbox"/> Group Facilitator        | <input type="checkbox"/> Data Entry                              |
| <input type="checkbox"/> Administrative Assistant | <input type="checkbox"/> Publication Editor                      |
| <input type="checkbox"/> Other                    |  |

PLEASE GIVE THE NAMES OF 2 PEOPLE (NOT RELATIVES) FOR REFERENCES:

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY/STATE/ZIP: _____	CITY/STATE/ZIP: _____
PHONE: _____	PHONE: _____

The information that I have furnished on this application is true and complete to the best of my knowledge. Aging Care Connections has my permission to check my references.

I understand that all the work done for the Aging Care Connections is confidential in nature and that volunteer services are performed without compensation.

I agree to hold Aging Care Connections harmless for any injury sustained by me during my time volunteering for the agency.

Signature \_\_\_\_\_

**Thank you!!**

Date: \_\_\_\_\_

Please return this application to:

Aging Care Connections  
111 West Harris Avenue  
La Grange, IL 60525