



111 West Harris Avenue, La Grange, IL 60525  
P 708.354.1323 F 708.354.0282 [www.agingcareconnections.org](http://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?

Fundraising Events                       Entitlement and Client Support Services  
 Telephone Receptionist                       Front Desk Receptionist  
 Group Facilitator                       Data Entry  
 Administrative Assistant                       Publication Editor                       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