



VOLUNTEER APPLICATION

Two Rivers Head Start Agency
1661 Landmark Road ~ Aurora ~ Illinois ~ 60506
Phone: (800) 847-9010 Fax: (630) 264-1109
www.trhsa.org

Welcome – we are excited you are interested in volunteering with Two Rivers Head Start Agency! There are many opportunities for volunteers to participate and help with our mission: to alleviate the effects of poverty by providing education, support services and opportunities for children, families and communities.

GENERAL INFORMATION

First Name: _____ Last Name: _____ MI: _____
Present Address: _____ City: _____ State: _____ Zip: _____
Primary Telephone: _____ Secondary Telephone: _____
E-mail: _____ Currently Employed: Yes No
Date of Birth: _____ Current Employer: _____

Must be 16 years of age

Are or were you a Head Start Parent: Yes No
How did you find us: Agency Website
Referral, by who? _____

Are you related to anyone currently employed or serving on Policy Council/Board: Yes No If Yes, who? _____

Volunteer Position:

- Parent Volunteer
- Observation Student Intern
- Student Intern
- Community Volunteer
- School District Personnel
- Early Intervention Personnel

Center Location:

- Aurora East
- Aurora West
- Aurora Central Office (ACO)
- Belvidere
- Carpentersville –Early
- Carpentersville –Lake Marian
- Elgin –East
- Elgin –West
- Elgin –River Ridge
- Morris
- Sycamore
- St. Charles –Valley View
- Yorkville

EDUCATION

Highest Level Completed: (Please Circle) High School: 9 10 11 12 College: 13 14 15 16 17 18 19+

Degree/Major: _____

Trade, business, certifications or other specialized training/skills: _____

Computer applications/programs or Office machines you are familiar with: _____

Indicate any foreign language(s) you are able to communicate in and your proficiency: _____

MISCELLANEOUS

Please list any prior volunteer experience: _____

Comments or additional information you would like to share: _____

Briefly describe why you want to volunteer for Two Rivers Head Start Agency:

*****Please note that a background check will be required for most volunteer positions. Please advise if this is not acceptable.**



VOLUNTEER APPLICATION (CONT.)

REFERENCES: (PROFESSIONAL)

Name: _____ Telephone: (Required) _____

Address: _____ City/State: _____ Relationship: _____

Name: _____ Telephone: (Required) _____

Address: _____ City/State: _____ Relationship: _____

Availability: Please indicate the days and times you are usually available to volunteer.

Monday: _____ Thursday: _____

Tuesday: _____ Friday: _____

Wednesday: _____

If you are volunteering for a school requirement or internship, please complete the following:

School Name: _____ Contact Person: _____

Phone Number: _____ Number of Required Hours: _____

Emergency Contact:

Contact name: _____ Relationship: _____

Primary Telephone: _____ Secondary Telephone: _____

Contact name: _____ Relationship: _____

Primary Telephone: _____ Secondary Telephone: _____

Volunteer Guidelines:

- Please arrive on time. If you are not able to make your volunteer shift or will be late, please call ahead to let the center know.
- Casual attire is appropriate for most volunteer positions. Closed toe shoes are required. Jewelry should be worn with discretion and attention to safety.

DISCLAIMER AND SIGNATURE

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that in the course of my volunteer assignment, I may be exposed to information of a confidential nature pertaining to children, families, and employees and will maintain the highest standards of confidentiality and uphold the Agency policies to safeguard the rights of those we serve.

I understand and fully acknowledge that in volunteering for Two Rivers Head Start Agency, I am entering an at will relationship and that this relationship can be terminated at any time by me or by Two Rivers Head Start Agency. I also understand that I am applying for a volunteer/intern position and that this is not an application, nor a contract of paid employment.

I understand and agree that submitting this application form does not automatically register me as a Two Rivers Head Start Agency volunteer, and that there may be certain requirements I must meet, including a physical health screening, TB test, and background check clearance.

APPLICANT SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

Send all volunteer applications to HR Office

Volunteer start date: _____ Volunteer last date: _____

Date volunteer was sent for fingerprints or background check transfer (if applicable): _____

Date of Medical Report CFS 602 (if applicable): _____

- The IL Sex Offender Information website must be checked on each volunteer, prior to volunteering.

<http://www.isp.state.il.us/sor/sor.cfm>