

Volunteer Application

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cellular Phone: _____

Home Email: _____

Emergency Contact: _____ Phone: _____

*EP!C does not sell or distribute volunteers' personal information.

Age (placements available from age 13+): _____

*NOTE: Volunteers age 13 through 15 must be accompanied by a parent/guardian.

Are you currently a student? Yes No

If yes, what grade and school? _____

Reason(s) for your interest in EP!C:

Family member/friend with a intellectual disability

Desire to serve my community

Other (please specify): _____

What days/hours are you available to volunteer?

In order for us to make the best use of your time and talents, please tell us the level of experience and expertise you have in each of the following areas:

	5+ Years	1-5 Years	<1 Year
Computer Skills			
Office Experience			
Musical/Art Skills			
Maintenance Skills (e.g., use of power tools)			
Painting Skills (e.g., painting walls, etc.)			
Marketing/Public Relations			
Development/Fundraising			
Gardening/Landscaping Skills			
Special Education/Curriculum Experience			

Please describe any other skills you have to offer:

Please describe any personal, professional or community service experience you have with individuals with an intellectual disability:

Please indicate what area(s) you are interested in volunteering:

- | | |
|--|--|
| <input type="checkbox"/> Educational Services | <input type="checkbox"/> Development/Marketing |
| <input type="checkbox"/> Community Living Services | <input type="checkbox"/> Office Volunteer |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Employment Services | |

Do you have a valid driver's license? Yes No Driver's License Number: _____

Have you ever been convicted of a criminal offense? Yes No

If yes, please explain:

Applicant Signature

Date

Parent/Guardian Signature (if under 18)

Date

Please return completed form to: EP!C, Attn: Carmen McCarthy, P.O. Box 3418, Peoria, IL 61612
or email application to: cmccarthy@epicpeoria.org

Thank you for your interest in EP!C!

**Volunteer positions will require a criminal background check.*

Form #304
Date: 03/26/13
08/28/17

Original: Development Assistant