

## Volunteer Application

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

Minimum age to volunteer is 13. Ages 13 through 15 must be accompanied by an adult when volunteering.

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #: \_(\_\_\_\_)\_\_\_\_\_ Preferred Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone #: \_(\_\_\_\_)\_\_\_\_\_

Are you currently a student?  Y  N If yes, what year and school? \_\_\_\_\_

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

Family member/friend with an intellectual disability

Desire to serve my community

Other: \_\_\_\_\_

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:

	Professional	Skilled Non-Professional	Little to No Experience
Computer Skills			
General Office Experience			
Entertainment (e.g. music, art)			
Maintenance (e.g., use of power tools, painting )			
Marketing/Public Relations			
Development/Fundraising			
Gardening/Landscaping Skills			
Special Education/Curriculum			

Please describe any other skills you would like to share:

---

---

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:

- Educational Services                       Development/Marketing  
 Community Living Services               General Office Volunteer  
 Arts & Crafts                                 Harvest Garden  
 Employment Services

Do you have a valid driver's license?  Yes  No

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

If yes, please explain (NOTE: this does not automatically disqualify you from volunteering):

---

---

*\*Individual volunteer positions require a criminal background check.*

Do you have any special needs you would like to make us aware of (e.g., cannot lift heavy objects, indoors only, etc.)?

---

---

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
Date

Please return completed form to: EP!C, Attn: Allison De Roo, 1913 W. Townline Rd., Peoria, IL 61615  
or email application to: [aderoo@epicci.org](mailto:aderoo@epicci.org)

***Thank you for your interest in EP!C!***

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

Original: Development Coordinator