



VOLUNTEER APPLICATION FORM

Our Mission: "Improving lives by providing solutions through high quality, efficient, and effective mental health services and education."

Please complete all information and return form to the Volunteer Coordinator.

Janet Wattles Center
526 West State Street
Rockford, IL 61107
Fax: 815-391-6445 Phone: 815-391-6443

PERSONAL INFORMATION

Date _____ Position Applying For _____

Last Name _____ First Name _____ Middle Initial _____

Home Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Emergency Contact _____ Relationship _____ Phone _____

Date of Birth (optional except for MBC volunteers) ____/____/____ Gender: Female _____ Male _____

Have you worked or volunteered here before? No _____ Yes _____ Dates: From _____ To _____

Previous position(s) _____ How did you hear about us? _____

Reason for your interest in volunteering at this time: _____

Please list any other volunteer positions you have served in: _____

Are you currently: Employed _____ Retired _____ Student _____ Other (explain) _____

EMPLOYMENT EXPERIENCE

Begin with your current or most recent employer.

Date (Month & Year)	Name & Address of Employer	Position	Full / Part-time	Reason for Leaving
From: To:				
From: To:				
From: To:				

EDUCATION

	Name & Address Of School	Course of Study	Number of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate				
Other (Specify)				

Please list any professional licenses or certifications you have acquired (medical, nursing, EMT, counseling, etc.):

ADDITIONAL INFORMATION

<p>Have you been investigated or convicted by any State and/or the Federal Government for any improper billing or other fraudulent activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has your professional license been placed on probation, suspended or terminated in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been disqualified from being a Medicare/Medicaid Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you been sued for professional malpractice? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been warned about, or discharged for sexual harassment, or related offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted of an offense other than a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(The applicant is not required to reveal sealed or expunged records of conviction or arrest. Conviction will not necessarily disqualify an applicant from volunteer employment)</small></p> <p>If you answered "yes" to any of the above questions, please describe the specific details.</p> <hr/> <hr/>
<p>State any additional information you feel may be helpful to us in considering your application. Summarize special job-related skills and qualifications acquired from employment or other experience including foreign language abilities:</p> <hr/> <hr/> <hr/>

REFERENCES

List below three persons not related to you whom you have known at least one year.

Name	Address	Phone Number	Years Acquainted
1.			
2.			
3.			

POSITIONS THAT INTEREST YOU

Board Membership	Stars of Light Theater Troupe	Lunch Buddies Program
Undergraduate Internship	Direct Service to Adult Consumers	Special Events/Berry Ball
Office Support	Training Program	PR/Marketing
Transportation/Driving	Compeer Adult Program	Fundraising
Maintenance & Grounds	Compeer Kids Program	Other _____

HOURS AVAILABLE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

APPLICANT’S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this application for a volunteer position are true and complete to the best of my knowledge. I understand that if I am hired as a volunteer, any false statements, omissions, or misrepresentations may result in my dismissal. I authorize Janet Wattles Center to make an investigation of any of the facts set forth in this application and release Janet Wattles Center from any liability.

I understand that as a volunteer at Janet Wattles Center I am not paid for my services and that as an “at-will” employer, either party may terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All volunteer work is continued on that basis.

If you are hired, we may conduct a Background Check and you may be required to undergo a Health Care Worker Background Check (Senate Bill 358), which is conducted through the State Police. Additional background checks may be applicable to select volunteer assignments (i.e. driving record for those who will drive JWC vehicles or transport consumers).

Applicant’s Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Circle One: New Application Updated/Revised Application
 Current Status: Pending _____ Active _____ Inactive _____ Deceased _____ Other _____

Interview Completed by: _____ Date: _____

Volunteer Position Assigned To: _____ Supervisor _____

Check The One That Applies: Direct Service to Consumers: _____ (Adults or Children?) Indirect Service _____

Orientation Date: _____ Location: _____ Not Applicable _____

Place a checkmark next to all required forms and background checks:

- Authorization to Obtain Consumer Information For Employment Purposes (credit, criminal, motor vehicle, nurses’ aid registry, sex offender registry, employment)
- Authorization for Background Check
- Driver Acknowledgement (for those transporting consumers or those driving JWC vehicles)

Authorization for Release of Consumer Information
(Volunteer Purpose)

To Be Completed by Applicant/Volunteer
(Please Print Legibly or Type)

Name: _____
Last Name First Name Middle Initial

Date of Birth: ____ / ____ / ____ Social Security #: _____
Month Day Year

Drivers License#: _____ State: _____

Address: _____
City State Zip Code

Applicant/Employee Signature: _____

Applicant Authorization

1. Without reservation, I authorize this employer or any party or agency contacted by this employer to procure my consumer report and/or obtain or furnish information concerning my credit, criminal, motor vehicle, employment or other history. I understand that inquires may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, credit worthiness, employment status, general reputation, and mode of living.
2. Under provisions of the Fair Credit Reporting Act, certain information, when used for employment purposes, is considered to be a consumer report. This information includes but is not limited to, public record information (criminal history, civil litigation, etc.), driving records, consumer credit history, education records, and employment records. If an adverse employment decision is made due, in whole or in part, to information received as a result of these inquires, I will be provided with a copy of the consumer report and a summary of my rights under the Fair Credit Reporting Act.

Print Full Name:
Social Security Number: _____ Date of Birth: _____
Signature: _____

To Be Completed By Employer (Please Print Legibly or Type)

Company/Organization: Janet Wattles Center
Mailing Address: 526 W State St. Rockford, IL 61101
Contact Person: Human Resource Department
Telephone#: 815.968-9300 Fax #: 815.720.5025

Illinois Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)

For Programs NOT Licensed by DCFS

Note: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: _____ Gender (circle): Male Female Race: _____

Current Address: _____
Street/Apt #

List all addresses at which you have resided in the past five years:

List maiden name and/or all other names by which you have been known: (last, first, middle)

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident or child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Mail this request to:
Department of Children and Family Services
406 E. Monroe - Station #30
Springfield, IL 62701

Signed Date

Please type, use bold letters or label:

YMAC of Rock River Valley (Agency Name)
Janet Lundin (Contact Person)
200 Y Blvd. (Address)
Rockford, IL 61107 (City/State/Zip)



VEHICLE USE AGREEMENT

Janet Wattles Center

The undersigned hereby acknowledges the privilege to use a Center-owned vehicle. It is agreed this vehicle will be operated in a safe manner. I agree to wear my seat belt whenever the vehicle (whether a JWC vehicle or my own) is in motion and will require other occupants to do so. I agree to be responsible for all traffic and parking violations that occur while the vehicle is assigned to me and while conducting JWC business.

I agree to promptly report all accidents or incidents resulting in injury or damage to the JWC vehicle, my own vehicle or other property, no matter how slight, while conducting JWC business.

I understand that I am required to maintain a valid driver's license. Further, I herewith give Janet Wattles Center the right to investigate my vehicle driving record at any time. My current driver's license is issued from the State of _____ and the Driver's License No. is _____.

I understand and agree that I will not take a Janet Wattles Center vehicle out of the United States without written permission from the Janet Wattles Center CEO/President or the Director of Operations/HR. I understand that while operating a JWC owned vehicle I will report immediately to a Supervisor(s) any unsafe operating conditions of the vehicle.

I further agree to maintain a valid driver's license and state that I am duly licensed to drive a motor vehicle in the State of Illinois; and hereby certify that I do carry the minimum liability auto insurance requirement of the State of Illinois as defined in the Motor Vehicle Code on my vehicle while using my vehicle for JWC business. I will re-verify/update this form on an annual basis with the Human Resources Department. If there are any changes to the above information, I will notify Human Resources immediately.

Employee Signature

Date

Print below requested information as it **appears** on your Driver's License:

(First Name)

(Middle Name)

(Last Name)

(Date of Birth)