

Bridges Senior Center Needs Volunteers



What we are in need of:

Correspondence

Example of duties: Writing out thank you notes and giving reminder calls

Senior Center Receptionist

Example of duties: Answering phones and keeping the center looking neat

Event Support

Example of duties: Scorekeeping for Euchre Tournament, Serving refreshments, Planning/hosting special events

Fundraiser Help

Example of duties: Rummage sale and basket raffle help

Other

Anything else you think you can help out with

Volunteers will be trained for certain areas of service. Training will be scheduled as needed.

If you are interested in volunteering, please ask for an application. All volunteers will need to pass a background check.



Volunteer: A person who renders aid, performs a service, or assumes an obligation voluntarily; to perform or offer to perform a service of one's own free will.

Name _____

Address _____

Phone _____

What days and times are you available?

Monday AM PM

Tuesday AM PM

Wednesday AM PM

Thursday AM PM

Friday AM PM

PERSONAL Continued:

How did you hear of this program?

In Case of Emergency, please contact: _____ phone: _____

Have you ever been convicted of a crime or denied bond? Yes ___ No ___

EDUCATION/INTERESTS:

What is the highest level of education you have attained?

High School ___ College/Other post high school education ___ Advanced degree ___

Do you have any educational or life experiences that would be helpful for this job?

What are your interests, hobbies, activities, etc.?

Do you speak any foreign languages?

LOCAL REFERENCES

Please list the names and addresses of three references (not related), one of which is a professional contact; for example, teacher, minister, employer, etc. A phone call will be made or a reference letter will be sent from this office, so full addresses are necessary.

Name: _____

Address: _____

Telephone: () _____ () _____
(Home) (Work)

Name: _____

Address: _____

Telephone: () _____ () _____
(Home) (Work)

Name: _____

Address: _____

Telephone: () _____ () _____
(Home) (Work)

Please use reverse side of form if you wish to include any other information in this application.

I understand that the references listed above will be contacted and that the sponsoring agency will do a records check on qualified applicants. I contest to the release of all relevant information concerning my ability. I certify that the information given herein is accurate to the best of my knowledge. I understand that this information will be held in confidence and not released to any other person or agency.

SIGNATURE _____

DATE _____

DCN: 319814836

Cost Center

ILLINOIS STATE POLICE

Division of Administration
Bureau of Identification
260 N. Chicago Street
Joliet, Illinois 60432-4075

CONVICTION INFORMATION REQUEST-NON FINGERPRINT FORM

Agency Number: _____

Instructions: This form must be filled out completely and correct fees attached. Make all checks payable to the Illinois State Police. Failure to comply with these instructions will result in the return of this request unprocessed. Errors caused by illegible writing will be returned and require an additional fee upon resubmission.

This request is for employment or licensing purposes.

Yes

No

Subject Information

Subject Name:

Last Name _____

First Name _____

Middle Initial _____

Date of Birth _____

month / day / year

Sex: _____

Race: _____

Social Sec. # _____

Valid Codes for Sex

Valid Codes for Race

- Male M
- Female F
- Unknown U

- White W
- Black B
- Asian/Pacific Islands A
- American Indian/Alaskan I
- Unknown U

Subject Signature _____

Requester Information

Requester Name:

Last Name _____

First Name _____

Middle Initial _____

Agency: _____

(if any)

Street Address: _____

City: _____

State: _____

Zip Code: _____

Requester Signature _____

(Please Type or Print All Information)
Only Original Form Will Be Accepted By ISP