

CITY OF CHICAGO DEPARTMENT OF FAMILY AND SUPPORT SERVICES,
VOLUNTEER SERVICES PROGRAM Pages 1 of 3

APPLICATION:

City of Chicago Department of Family and Support Services, Human Resources Division,
1615 W. Chicago Ave. 5th Floor Chicago, Illinois 60622 **Attention:** Latoya Bonds

Website:

<http://www.chicago.gov/city/en/depts/dhr/provdrs/emp/svcs/internships.html>

Thank you for considering DFSS as a place to donate your time and talents. We appreciate you taking the time to fill out this application which will assist us in matching your skills and interests with our available volunteer opportunities.

Print or Type in answers:

Date: _____ (Month/Day/Year)

Name: _____ (Last) (First) (MI)

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Best time to call: _____

E-Mail: _____

EMERGENCY CONTACT:

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

CITY OF CHICAGO DEPARTMENT OF FAMILY AND SUPPORT SERVICES,
VOLUNTEER SERVICES PROGRAM Pages 2 of 3

Circle the days you can volunteer:

Mon Tue Wed Thu Fri

Please list time preferences:
Morning's Afternoons

SKILLS, EXPERIENCES & INTERESTS:

How did you learn about volunteer opportunities at DFSS?

Why do you want to volunteer for DFSS and what do you want to gain from this volunteer experience?

Have you heard about any volunteer opportunities that interest you?

Do you have any skills, talents, or interests you would like to share?

Please describe your prior volunteer experience (include organization names and dates of service), if any.

EDUCATION:

Highest Level of Education:

EMPLOYMENT:

Current Employer, if applicable: Position/Title:

CITY OF CHICAGO DEPARTMENT OF FAMILY AND SUPPORT SERVICES,
VOLUNTEER SERVICES PROGRAM Pages 3 of 3

Dates of Employment

(Starting/ending): _____

Company/Employer: _____

Address: _____

REFERENCES:

Please list two people **besides relatives and employers** whom you have known for at least two years and who know you well enough to provide us with a reference Name

Name: _____ Phone: _____ Relationship to you: _____

Name: _____ Phone: _____ Relationship to you: _____

Note:

To be considered as a volunteer, you must complete a criminal background check (fingerprinting) with the City of Chicago.

Note:

You may be required to stand for long periods of time and lift up to 20 lbs. during volunteer activities. **LIABILITY WAIVER** "The undersigned hereby understands and agrees to personally assume any and all liability and risk of volunteering at the Department of Family and Support Service. Further, the undersigned hereby agrees to hold harmless the City of Chicago, its employees, and agents from any responsibility or liability for any and all personal injuries that may occur while volunteering at the office or during off-site events." The undersigned understands and agrees that if accepted as a volunteer, he/she would not be an employee of the City of Chicago and would not be entitled to any compensation or benefits of any kind.

AGREEMENT AND SIGNATURE:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

PRINT APPLICANT'S NAME

APPLICANT'S SIGNATURE

DATE