



1 Community Boulevard Wheeling, IL 60090 847-459-2670

Wheeling Senior Services Volunteer Application Form

Name

Phone Number

Date of Birth

Home Address

City

State

Zip

Employed By (if employed)

Phone Number

Address

May we call you at work? yes no

Brief description of work: _____

Formal Education (Highest year of school completed): _____

If you speak a foreign language, which one _____

Do you drive and have access to a car? yes no

Current community activities: _____

List current and previous volunteer work - list all previous volunteer work including brief description of duties and activities, dates of service:

What are your reasons for wanting to participate as a Wheeling Senior Services volunteer?

Have you had any personal experience involving office duties, crafts, food service, medical appointment/or other transportation, computer knowledge? If so, explain: _____

How did you hear about our senior services? _____

Have you ever been convicted of a crime other than a traffic violation? yes no

If yes, what charge? _____ Date Relationship

1 _____
2 _____
3 _____

How long have you lived in the area? _____

Wheeling Senior Services reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence.

Applicant Signature

Date

