

BAPTIST CHILDREN'S HOME & FAMILY SERVICES  
949 County Road 1300 N  
Carmi, Illinois 62821

VOLUNTEER APPLICATION

Date \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Are you at least 21 years of age? Yes \_\_\_ No \_\_\_

Are you legally entitled to work in the U.S.? Yes \_\_\_ No \_\_\_

References:

Name	Address and Phone	Occupation	Years Acquainted
1.			
2.			
3.			

**Please be advised that, since we work with a vulnerable population, we require a criminal background check, references, and medical exam.**

SECURITY - (225 ILCS 101) Child Care Act of 1969

1. Has your driver's license been revoked or suspended within the past 3 years? Yes No If yes, please explain: \_\_\_\_\_
2. Have you been convicted of driving under the influence, manslaughter, or reckless homicide in the past 3 years? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_
3. Have you caused an accident that resulted in the death of any person within the past 5 years? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_
4. Have you ever been investigated for child abuse? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
5. Have you had any previous involvement as defendants in professional malpractice litigation? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_
6. Have you been convicted of more than 2 offenses against traffic regulations governing the movement of vehicles within a twelve-month period? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

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**Do you have skills, special interests, or experience that you would like us to consider when placing you into an appropriate position?**

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**Location you prefer to serve at:**

Carmi \_\_\_\_\_

Mount Vernon \_\_\_\_\_

**Here are some of the volunteer positions we offer. Please check the ones you would be most interested in.**

Office support (assist with routine or special office tasks).

Donation Management (inventory and organize incoming donations).

Event planning (assist with annual fundraising event planning, and/or client celebratory events).

Fundraising (assist with ongoing fundraising efforts through in person visits, phone calls, or written notes).

Recreation support (plan and oversee special client activities).

Client Support (provide childcare, tutoring, nutrition classes, life skills, Bible study).

Maintenance/Lawn Care (assist with minor maintenance projects and lawn care).

**What days are you usually available?** Mon: \_\_\_ Tues: \_\_\_ Wed: \_\_\_ Thurs: \_\_\_ Fri: \_\_\_ Sat: \_\_\_

**How many hours are you available per week?** \_\_\_\_\_ **Do you prefer Morning?** \_\_\_\_\_ **Afternoon?** \_\_\_\_\_

**Please describe any physical limitations:** \_\_\_\_\_

**Emergency contact:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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**CHURCH MEMBERSHIP**

Church Attending: \_\_\_\_\_ How long? \_\_\_\_\_

Pastor: \_\_\_\_\_

Name

Address

Phone#

Does applicant attend church regularly? \_\_\_\_\_ Occasionally? \_\_\_\_\_ Seldom? \_\_\_\_\_ Not at all? \_\_\_\_\_

**APPLICANT'S STATEMENT:**

I hereby affirm that the information provided in this volunteer application is true and complete, and I understand that falsification or omission of any information could result in termination of my service.

I authorize the investigation of all statements contained in this application. I also authorize the contact of my listed references, and other references that might know of my qualifications for service.

I understand that Baptist Children's Home and Family Services will conduct an investigation into my background including, but not limited to, a review of any criminal history record in any state or foreign country. I agree to cooperate in this investigation, and I specifically agree to provide a complete set of fingerprints to law enforcement officials. I understand that any offer of volunteer work and continuing service may be contingent upon a satisfactory medical exam and criminal record check. If selected, I agree to immediately notify the Executive Director if I am arrested for any offense.

I further understand that employees are subject to random drug testing and employment is based on satisfactory job-related physical examinations.

Date \_\_\_\_\_ Signature \_\_\_\_\_

PLEASE MAIL COMPLETED APPLICATION TO:

Baptist Children's Home & Family Services  
Attn: Human Resources  
949 CR 1300N  
Carmi IL 62821

## RELEASE OF INFORMATION

I hereby grant permission for and release from all liability of responsibility, all persons and corporations requesting or supplying information about me to Baptist Children's Home and Family Services. The information to be disclosed and delivered includes but is not limited to my work performance, my personal lifestyle and habits, all employment records and any other relevant information that will be pertinent to my employment at BCHFS. This authorization also includes authority to copy any and all such records.

I promise all persons to whom inquiry may be made that I will not bring suit against them for providing information regarding my character, employment history, or any other information about me. I also understand that a copy of this release is as valid as the original document.

This authorization is continuing in nature and is to be given full force and effect to release information of any of the forgoing, learned or determined after the date hereof.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed

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