

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 may 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 Has your driver's license been revoked or suspended within the past 3 years?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?

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 help (routine office tasks on a specific day of the week).

- Donation Management (Boutique stocking, packing diapers, etc).

- Events (fundraising events, client get togethers, celebratory events).

- Fundraising (may involve telephone calls, writing thank you notes, etc.).

- Teaching (tutoring, nutrition, life skills, etc.).

- Client Support (helping with children while Moms are in class).

What days are you usually available? Mon: ___ Tues: ___ Wed: ___ Thurs: ___ Fri: ___ Sat: ___

How many hours are you available per week? _____

Preference of: Morning? ___ Afternoon? ___ Evening? ___

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, EMAIL, OR FAX COMPLETED APPLICATION TO:

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

hr@bchfs.com

618-382-3239

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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