

We would like to utilize your strengths, skills, and interests as we assign you to a more specific task. Please check all areas in which you have specific interests in serving.

Area of Service Interest

<u>Area</u>	<u>Interested</u>
Administration / Front Desk	
Childcare	
Class Facilitator /Teaching	
Fundraising	
Janitorial / Maintenance	
Tutoring (children or adult)	
Special Events / Fundraisers	

Throughout the year, there are many fundraising events and programs that directly impact clients and residents. Please indicate if you would like to volunteer for a particular event and where you would like to serve.

<u>Event</u>	<u>Working at Event</u>	<u>Fundraising for Event</u>	<u>Where Needed</u>
Spaghetti Supper			
Operation Backpack/ School Supply Drive (July/Aug)			
Race for the Heart			
Tree of Hearts (Dec)			
Other			

Availability for Volunteering

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
4:30-8:00pm Front Desk Coverage						N/A	N/A
9a.m.-2p.m. Administration (when needed)						N/A	N/A
Childcare (when needed during shelter programs)							
Misc. weekend coverage when needed	N/A	N/A	N/A	N/A	N/A		

The listed hours above are our most common needs, however, others may arise for various purposes.

Why are you interested in serving as a volunteer with Woodford County Heartline and Heart House?

I certify that I am over the age of 18 and all information provided in this Volunteer Application is accurate. I hereby grant Heartline and Heart House permission to check any and all references.

_____/_____/_____
Signature **Date**

Please indicate your approval for your name and photograph to be used in marketing materials, newspaper articles, social media, etc. _____ (Initial)

**Thank you for your willingness to serve
Heartline and Heart House!**

State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: [] -- [] -- [] Gender: Male Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed _____ Date _____

Submit by mail OR fax OR email.
Mail to: Department of Children and Family Services 406 E. Monroe – Station # 30 Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@illinois.gov

Please type, use bold letters or label:

309-467-6043
hope@heartlineandhearthouse.org

(Submitting Agency Fax Number)
(Submitting Email Address)

Woodford County Heartline and Heart House
Brandi Gerber
300 Reagan Drive
Eureka, IL 61530

(Agency Name)
(Contact Person)
(Address)
(City/State/Zip)

Print Form