



Where crisis ends and Hope begins!

Serving Woodford County since 1982

Heartline Eureka, IL

Heart House

## Volunteer Application

Date \_\_\_/\_\_\_/\_\_\_

### Personal

Name \_\_\_\_\_

Address \_\_\_\_\_ IL \_\_\_\_\_  
(Street) (City, State) (Zip Code)

Phone\_(\_\_\_\_)-\_\_\_\_\_-\_\_\_\_\_ E-mail\_\_\_\_\_

Are you volunteering with a group? ( ) No ( ) Yes, Group Name\_\_\_\_\_

Are you a student? ( ) No ( ) Yes, School Name\_\_\_\_\_

Are you volunteering to fulfill community service hours? ( ) No ( ) Yes, for (please circle)  
School Credit Court Ordered DHS Other Organization:\_\_\_\_\_

### Employment (if applicable)

Employer \_\_\_\_\_

Title \_\_\_\_\_

Type of Business or Organization \_\_\_\_\_

Phone\_(\_\_\_\_)-\_\_\_\_\_-\_\_\_\_\_ Fax\_(\_\_\_\_)-\_\_\_\_\_-\_\_\_\_\_

Preferred method of contact ( ) Work ( ) Residence

Have you ever been a client of Heartline and Heart House? ( ) No ( ) Yes, When\_\_\_\_\_

### References

Name Email/Phone Relationship

Name Email/Phone Relationship

Name Email/Phone Relationship

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	
Childcare	
Class Facilitator /Teaching	
Fundraising	
Holiday Desk Coverage	
Janitorial	
Maintenance	
Tutoring (children or adult)	
Outreach	
Special Events	

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 (Mar/Apr)			
Operation Backpack/ School Supply Drive (July/Aug)			
Race for the Heart (June)			
Hotrods for Heart House (Sept)			
Tree of Hearts (Dec)			
Other			

**Availability for Volunteering**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9a.m.-2p.m. Administration						N/A	N/A
9a.m.-12p.m. Childcare(when needed)							
12p.m.-3p.m. Childcare(when needed)							
3-6p.m. Childcare(when needed)							
6-8p.m. Childcare(when needed)							
4:30-8p.m. Front Desk Coverage							
Misc. weekend coverage when needed	N/A	N/A	N/A	N/A	N/A		
Other: Please list time & interest							

The listed hours above are our most common needs, however, others may arise for various purposes, so please list other availability if the listed items do not fit your schedule or interests.

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

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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)

**Additional Comments**

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**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 #  
IL  
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 \_\_\_\_\_

<b>Submit by mail OR fax OR email.</b>
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  
brandi@heartlineandhearhouse.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**