

Volunteer Application

Volunteer Applicati	<u> </u>			
First Name		Middle		
		Name		
Last Name		Salutation		
Contact Phone		E-mail		
		Address		
Date of Birth	Gender	Type of Se	rvice of Interest	
	M F	☐ Admi	nistrative	
Describe Yourself (Che	ck all that apply)	☐ Gove	rning Board	
	☐ Boy/Girl Scout	□ Entertainer		
☐ Former Head Start Pa		☐ Foster Grandparent		
Current Head Start Pa		☐ Foster Grandparent Policy Council		
☐ RSVP/Senior ☐ Service Provider/Ven	for school dor Church member	☐ Financial Peace U Champion/Mentor☐ Guest Speaker☐ Head Start Bus Monitor		
☐ MSU	□ Student			
☐ Business Owner	□ Other	Start Bus Monitor		
Hourly rate for In-Kin	d Credit	Head Start Classroom Aid		
□ \$10.00/Hour □	\$15.00/Hour	☐ Head Start Policy Council ☐ Jobs for Life Champion/Mentor		
□ \$20.00/Hour □	\$25.00/Hour		s on Wheels Delivery Driver	
□ \$30.00/Hour □	\$35.00/Hour		ograms Socialization Leader	
□ \$40.00/Hour □	\$45.00/Hour		utrition Meal Server	
□ \$50.00/Hour □	\$55.00/Hour		Pantry Stocker	
□ \$60.00/Hour □	\$65.00/Hour		portation Companion	
□ \$70.00/Hour □	\$100.00/Hour+	□ Othe		
Race:	Insurance Information			
□ White	For volunteer opportunities where driving is requ	ired	Emergency Contact Info	
☐ Black/African	☐ IL Issued License		First Name	
American	☐ Other State:			
☐ Asian			Last Name	
☐ American	Driver's License Number:			
Indian/Alaska			Phone	
Native □ Multi-Racial	Expiration Date:			
ividiti-itaciai	Luciana Barris		Relationship to Volunteer	
	Insurance Provider:		Signature of Volunteer	
	Expiration Date:		Signature of volunteer	
	Expiration bate.			