



First Name	Middle Name	Last Name	Date of Birth
Address Line 1		City	State, Zip
Contact Phone	E-mail Address		Gender

<p>Describe yourself (<i>check all that apply</i>)</p> <table border="0"> <tr> <td><input type="checkbox"/> Community Member</td> <td><input type="checkbox"/> Boy/Girl Scout</td> </tr> <tr> <td><input type="checkbox"/> Former Head Start Parent</td> <td><input type="checkbox"/> Court Order Community Service</td> </tr> <tr> <td><input type="checkbox"/> Current Head Start Parent</td> <td><input type="checkbox"/> Service Hours for School</td> </tr> <tr> <td><input type="checkbox"/> Senior</td> <td><input type="checkbox"/> Church Member</td> </tr> <tr> <td><input type="checkbox"/> Service Provider or Vendor</td> <td><input type="checkbox"/> Student</td> </tr> <tr> <td><input type="checkbox"/> Staff</td> <td><input type="checkbox"/> CAPCIL Client/Customer</td> </tr> <tr> <td><input type="checkbox"/> Family Member of Staff</td> <td><input type="checkbox"/> Governing Board Member</td> </tr> <tr> <td><input type="checkbox"/> City/County Government</td> <td><input type="checkbox"/> Business Owner</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Community Member	<input type="checkbox"/> Boy/Girl Scout	<input type="checkbox"/> Former Head Start Parent	<input type="checkbox"/> Court Order Community Service	<input type="checkbox"/> Current Head Start Parent	<input type="checkbox"/> Service Hours for School	<input type="checkbox"/> Senior	<input type="checkbox"/> Church Member	<input type="checkbox"/> Service Provider or Vendor	<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> CAPCIL Client/Customer	<input type="checkbox"/> Family Member of Staff	<input type="checkbox"/> Governing Board Member	<input type="checkbox"/> City/County Government	<input type="checkbox"/> Business Owner	<input type="checkbox"/> Other _____		<p>Hourly Rate for In-Kind Credit</p> <table border="0"> <tr> <td><input type="checkbox"/> \$10/Hr.</td> <td><input type="checkbox"/> \$15/Hr.</td> </tr> <tr> <td><input type="checkbox"/> \$20/Hr.</td> <td><input type="checkbox"/> \$25/Hr.</td> </tr> <tr> <td><input type="checkbox"/> \$30/Hr.</td> <td><input type="checkbox"/> \$35/Hr.</td> </tr> <tr> <td><input type="checkbox"/> \$40/Hr.</td> <td><input type="checkbox"/> \$45/Hr.</td> </tr> <tr> <td><input type="checkbox"/> \$50/Hr.</td> <td><input type="checkbox"/> \$55/Hr.</td> </tr> <tr> <td><input type="checkbox"/> \$60/Hr.</td> <td><input type="checkbox"/> \$65/Hr.</td> </tr> <tr> <td><input type="checkbox"/> \$70/Hr.</td> <td><input type="checkbox"/> \$75/Hr.</td> </tr> <tr> <td><input type="checkbox"/> \$80/Hr.</td> <td><input type="checkbox"/> \$100/Hr.+</td> </tr> </table>	<input type="checkbox"/> \$10/Hr.	<input type="checkbox"/> \$15/Hr.	<input type="checkbox"/> \$20/Hr.	<input type="checkbox"/> \$25/Hr.	<input type="checkbox"/> \$30/Hr.	<input type="checkbox"/> \$35/Hr.	<input type="checkbox"/> \$40/Hr.	<input type="checkbox"/> \$45/Hr.	<input type="checkbox"/> \$50/Hr.	<input type="checkbox"/> \$55/Hr.	<input type="checkbox"/> \$60/Hr.	<input type="checkbox"/> \$65/Hr.	<input type="checkbox"/> \$70/Hr.	<input type="checkbox"/> \$75/Hr.	<input type="checkbox"/> \$80/Hr.	<input type="checkbox"/> \$100/Hr.+
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Type of Service of Interest

<input type="checkbox"/> Administrative	<input type="checkbox"/> Governing Board	<input type="checkbox"/> Entertainer
<input type="checkbox"/> Foster Grand Parent	<input type="checkbox"/> Foster Grand Parent Policy Council	<input type="checkbox"/> FPU Champion or Mentor
<input type="checkbox"/> Guest Speaker	<input type="checkbox"/> Head Start Bus Monitor	<input type="checkbox"/> Head Start Classroom Aid
<input type="checkbox"/> Head Start Policy Council	<input type="checkbox"/> Jobs for Life Mentor/Champion	<input type="checkbox"/> Meals on Wheels Delivery Driver
<input type="checkbox"/> Socialization Leader (Senior Prog.)	<input type="checkbox"/> Meal Server for Senior Programs	<input type="checkbox"/> Food Pantry Worker
<input type="checkbox"/> Transportation Companion	<input type="checkbox"/> Fundraising/Events	<input type="checkbox"/> Health Services
<input type="checkbox"/> Congregate Site Server	<input type="checkbox"/> Community Garden	<input type="checkbox"/> _____

<p>Race</p> <table border="0"> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Black</td> </tr> <tr> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> American Indian</td> </tr> <tr> <td><input type="checkbox"/> Alaska Native</td> <td><input type="checkbox"/> Multi-Racial</td> </tr> <tr> <td><input type="checkbox"/> Hispanic</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other	<p>Insurance Information</p> <p><i>(For Opportunities where driving is required; copies requested)</i></p> <input type="checkbox"/> Illinois Issued License <input type="checkbox"/> Other State _____ <p><i>License Number:</i> _____</p> <p><i>Expiration Date:</i> _____</p> <p><i>Insurance Provider:</i> _____</p> <p><i>Expiration Date:</i> _____</p>	<p>Volunteer Signature</p> <p>Printed Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>
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<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other									
<p>Emergency Contact Information</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Phone Number: _____</p>										