

BLOOMINGTON OFFICE

2201 EASTLAND DRIVE, SUITE 1
BLOOMINGTON, IL 61704
PHONE: 309/663-5433
TOLL FREE: 888/543-3245
FAX: 309/663-7024



PONTIAC OFFICE

601 N. LADD STREET
PONTIAC, IL 61764
PHONE: 815/844-1132

VOLUNTEER APPLICATION

If you need assistance completing this application or if you need it in an alternate format, please request that accommodation.

By completing this application, you are informing LIFE CIL of your interest in volunteering. It is your choice whether or not to accept an offered position. If a position is accepted, information and necessary training will be provided. Your volunteer application will be kept on file for one year, if inactive.

PERSONAL INFORMATION:

LEGAL NAME: _____

(Choose one) Mr. Ms. Mrs. Dr. Other: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

AREA CODE/HOME PHONE: _____ Voice TTY VP

E-MAIL ADDRESS: _____

In which format would you like to receive materials from us?

(Please choose one)

Regular print Large print Braille Audio Tape E-Mail

REFERENCES:

Reference Name: _____

Daytime Phone (including area code): _____

Address: _____

City/State/Zip: _____

Reference Name: _____

Daytime Phone (including area code): _____

Address: _____

City/State/Zip: _____

AVAILABILITY:

How many hours do you want to volunteer? _____

Choose one: per week per month

Indicate what days and hours you are available:

Monday Time: _____

Tuesday Time: _____

Wednesday Time: _____

Thursday Time: _____

Friday Time: _____

There are occasionally activities that may occur on the weekend, such as our annual fundraiser. Please indicate which days/hours, if any, you are available.

Saturday Time: _____

Sunday Time: _____

**Below is the job description for the receptionist volunteer position.
This the position that we almost always seek volunteers for.**

**LIFE Center for Independent Living
VOLUNTEER JOB DESCRIPTION - RECEPTIONIST**

RESPONSIBLE TO: Administrative Services Coordinator
SUPERVISION GIVEN: None
CLASSIFICATION: Volunteer, not an employee. Working hours are as established with volunteer and supervisor.

NATURE OF WORK

Provides receptionist, switchboard, clerical, or other Center support as assigned by the Administrative Services Coordinator.

SPECIFIC DUTIES MAY INCLUDE:

1. Answer calls, screen and transfer calls, and possibly take messages.
2. Greet visitors to the Center and alert staff regarding visitors.
3. Assist with our Equipment Loan Program
 - a. Accompany visitors to the warehouse and assist them with finding needed equipment from the equipment loan program.
 - b. Assist in completing necessary paperwork for equipment loan program and making changes on existing paperwork on file.
4. Provide general correspondence, reports and other documents using Microsoft Office software as requested. Proofread to assure accuracy.
5. Photocopy and compile materials as assigned.
6. Assemble, fold, and sort large mailings.
7. Maintain confidentiality of all consumer interactions and data.

VOLUNTEER DUTY SPECIFICATIONS (As needed for assigned duties)

1. Ability to operate multi-line phone system, transfer calls, and record accurate telephone messages in clear English.
2. Ability to proofread documents, collate multi-page and multi-document materials in the correct order, and alphabetize and file documents.
3. Ability to operate standard office machines.
4. Must maintain confidentiality of all consumer interactions and data.
5. Must be able to work with moderate supervision.
6. Must have dependable attendance.
7. Must have reliable transportation to the Center.

PLEASE CHECK ALL OF THE TASKS IN WHICH YOU HAVE INTEREST OR EXPERIENCE:

- Receptionist (answering phones, greeting consumers, assisting with our equipment loan program)
- Mailings (folding, sorting, collating, stuffing envelopes, etc.)
- Special Events (variety of possibilities, depending on event)

Do you need an accommodation to do your volunteer work?

- Yes No

If yes, please specify: _____

What do you hope to gain from your volunteer experience?

BACKGROUND CHECK:

Your volunteer work may involve one-on-one with individuals with disabilities and/or children. Therefore, we must check your references and request a criminal background check, as we do for our staff. This is done to comply with state law and for the safety of our consumers. Background checks are completed by Per Mar Security Services. All personal information will be kept confidential.

Have you been convicted of a crime? Yes No

If yes, please explain: _____



DISCLOSURE AND AUTHORIZATION OF BACKGROUND INQUIRY FOR EMPLOYMENT

For and in consideration of my application for potential employment or continued employment with **LIFE CENTER FOR INDEPENDENT LIVING**, I hereby authorize **LIFE CENTER FOR INDEPENDENT LIVING** to obtain an "investigative consumer report" (also referred to as a "background inquiry") regarding the undersigned. I understand that this inquiry may include information regarding my character, personal characteristics, mode of living, and general reputation and may include information obtained through personal interviews.

The background inquiry company, Per Mar Security Services ("Per Mar"), will prepare the background inquiry for **LIFE CENTER FOR INDEPENDENT LIVING**. Per Mar is located at 1910 E Kimberly Road, Davenport, IA 52807 and can be reached at (800) 251-0307 or at www.permarsecurity.com.

By placing my signature below, I acknowledge that this background inquiry may involve the request of any or all of the following (as allowed by law):

- Any public record of criminal convictions.
 - Any incident of dishonesty, theft, moral turpitude, violence, or drug-related offenses reported by merchants, employers, businesses or individuals.
 - Any credit bureau report.
 - Any driving history related to infractions or accidents.
 - Any previous employment records
 - Any public, semi-public, or proprietary records from any record repository (including educational records)
- _____ (Initials of applicant)

I hereby authorize and request the cooperation of any governmental or law enforcement agencies, credit bureaus, proprietary databases, former employers, business sources, or individuals called upon by **LIFE CENTER FOR INDEPENDENT LIVING** or its authorized agent, Per Mar Security and Research Corporation (henceforth: "Per Mar"), in the release and dissemination of the requested information.

_____ (Initials of applicant)

I further authorize **LIFE CENTER FOR INDEPENDENT LIVING** and/or its agent, Per Mar, to make further like inquiries from time to time, as deemed necessary for employment purposes. I waive any further notice with respect to the inquiries made by or on behalf of **LIFE CENTER FOR INDEPENDENT LIVING**

_____ (Initials of applicant)

You may request more information about the nature and scope of the background inquiry by contacting **LIFE CENTER FOR INDEPENDENT LIVING** at (309) 663-5433. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form. The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized in the attached A Summary of Your Rights Under the Fair Credit Reporting Act.

I understand that I may obtain a free copy of this "investigative consumer report," where applicable, if an adverse action or decision is made based upon the information in the "investigative consumer report." I must make a written request within 60 days of the adverse action/decision. A photocopy of this authorization and release shall be considered as effective and valid as the original.

For Minnesota, Massachusetts, New Jersey, and Oklahoma Applicants or Employees:

You have the right to receive a copy of the investigative consumer report upon request at no charge. Please check where indicated if you would like a copy of the report.

For New York Applicants or Employees: If you submit a request in writing, you have the right to know whether the Company obtained an investigative consumer report from Per Mar. You may inspect and order a free copy of the report by contacting Per Mar. By signing below, you certify that you have received a copy of Article 23A of the New York Correction Law.

Full Legal Name: _____

STATEMENT OF AGREEMENT:

- I will accept training and devote the agreed-upon time to designated volunteer activities.
- I will abide by LIFE CIL's Volunteer Policies and Procedures.
- I will complete any additional paperwork necessary for a volunteer position and update contact and personal information as needed.
- I will not hold LIFE Center for Independent Living legally responsible for any injury or accidents that occur during my work as a volunteer.
- LIFE CIL has the right to use my likeness or voice in marketing materials used for advertising, recruiting, publicity, etc.
- By signing this application, I grant LIFE Center for Independent Living permission to contact the references listed and complete a local, sex offender and nationwide criminal background check.

Applicant's Signature

Date

OFFICE USE ONLY:

Date application received: _____

Date references were checked: _____

Date of Background Check: _____

Date file was set up/entered in database: _____

Recommended for volunteer work? Yes No

If not, reason for denial: _____

If accepted and position is available:

Date of initial interview: _____

Date of orientation & handbook provided: _____

Staff/volunteer manager assigned: _____

Start date: _____

- Confidentiality Statement
- Emergency/Medial Form
- Time Sheet