

PO Box 1390 Elgin IL 60121-1390 Bus Line: 847-742-4088 Crisis Line: 847-697-2380 Fax: 847-742-4182 TTY: 847-742-4057 www.crisiscenter.org

Group Volunteer Application

Date: _____

Group Name: _____ Contact Name: _____

Contact Phone: _____ Contact Email: _____

Address: _____
City State Zip

**Do you want to receive E-Mail newsletters and updates from the Crisis Center? Yes No

**Do you want to receive mailings from the Crisis Center? Please check off each below.

Newsletter Special Events Invitations Volunteer Opportunities No Mailings

Briefly describe your group and its focus: _____

How Many Volunteers: _____ Is everyone over 18? Yes No If no, how old? _____

How Many Hours: _____ Are you completing volunteer hours as a requirement? Yes No Due Date: _____

Availability, specific day and time: Option 1 : _____ Option 2: _____

Please mark off **each** of the volunteer activities, listed below, that is of interest to you.

- | | |
|---|---|
| <input type="checkbox"/> Resident Activities (arts & crafts, game nights) | <input type="checkbox"/> Resident Meals, providing a fully cooked meal |
| <input type="checkbox"/> Donation Management (sorting large donations) | <input type="checkbox"/> Resident Meals, bringing food to cook or bake with residents |
| <input type="checkbox"/> Assembling Resident Care Packages | <input type="checkbox"/> Deep Cleaning, public areas and/or children's areas |
| <input type="checkbox"/> Other, please describe: _____ | |

Group Donation; our group will supply: _____

I affirm that our group will abide by the policies and will treat with **respect and confidentiality** any information learned about the personal lives of clients, staff or volunteers at the Crisis Center.

Signature

Date

Please return this application to: Community Crisis Center, Attn: Melissa Owens, Volunteer Coordinator
 P.O. Box 1390, Elgin, IL 60121-1390

For more information contact Melissa at mowens@crisiscenter.org or 847-742-4088 x152

For office use only:

Interview Comments: _____

Pre-service training program date: _____

Entered into volunteer database by: _____

Other training received: _____ Date: _____
_____ Date: _____