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PO Box 1390 Elgin IL 60121-1390 Bus Line: 847-742-4088 Crisis Line: 847-697-2380 Fax: 847-742-4182 [www.crisiscenter.org](http://www.crisiscenter.org)

## Volunteer Application

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ (*best time to call you*) Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip

Email: \_\_\_\_\_

\*\*Would you like to receive e-mail newsletters and updates from the Crisis Center? ☐ Yes ☐ No

\*\*Would you like to receive mailings from the Crisis Center? Please select all that apply.

☐ Newsletter ☐ Special Events Invitations ☐ Volunteer Opportunities

Ethnicity: \_\_\_\_\_ (*information requested by some funding sources*) Birthdate: \_\_\_\_\_

Current Employer(s): \_\_\_\_\_

Occupation(s): \_\_\_\_\_

How did you hear about the Crisis Center? \_\_\_\_\_

\_\_\_\_\_

### COMMUNITY CRISIS CENTER, INC. MISSION:

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The Community Crisis Center's skilled, caring individuals provide 24/7 crisis intervention, resources, and shelter

Other Language(s): \_\_\_\_\_ ☐ Speak ☐ Write ☐ Fluent

☐ Comfortable providing verbal translation ☐ Comfortable with providing written translation

Other skills/hobbies you are willing to share? \_\_\_\_\_

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Previous Volunteer Experiences?

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Are there any medical limitations on the type of work you can perform? ☐ Yes ☐ No

Please describe: \_\_\_\_\_

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Are you willing to work an occasional special project when needed? ☐ Yes ☐ No

**Areas of Interest (select all that apply):**

Direct Service	Fundraising/ Community Projects	Donations/ Shelter Meals	Clerical/Office, Building Maintenance
<input type="checkbox"/> Hospital Advocate (60-hour training course required) <input type="checkbox"/> Children's Group (fingerprinting/DCFS background check needed) <input type="checkbox"/> Interpreter <b>Resident Services</b>	<b>Annual Auction</b> <input type="checkbox"/> Acquisitions <input type="checkbox"/> Decorations <input type="checkbox"/> Set-up/ <input type="checkbox"/> Clean-up <input type="checkbox"/> General Special Events <input type="checkbox"/> Auxiliary Fundraising/ Events Committee	<b>General</b> <input type="checkbox"/> Accept, sort and organize donations (food, toiletries, coats) <input type="checkbox"/> Bring in meals for shelter	<u>NA</u> <b>General</b> <input type="checkbox"/> General Clerical Assistant (Weekdays) (Light office work, copying, folding brochures) <input type="checkbox"/> Graphic Designers/Artists <input type="checkbox"/> Maintenance and Construction (Light building maintenance, outdoor/lawn care)

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<input type="checkbox"/> Resident Activities- you supply items <i>(Meal planning, arts &amp; crafts, paperwork and resume assistance, computer skills)</i>  <input type="checkbox"/> Personal Services- you supply items <i>(hair stylist, makeup/spa services, massage therapist)</i>	<b>Community Projects</b>  <input type="checkbox"/> Court Watch  <input type="checkbox"/> Winterwear Giveaway <i>(October-February)</i>		
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Other Comments: \_\_\_\_\_

Availability (select all that apply):

☐ Weekdays

☐ Weekends

☐ Evenings

☐ Flexible

Hours per week: \_\_\_\_\_

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I affirm that I am not a current client of the Community Crisis Center **(at least 5 years post-service)**, that I will abide by all stated volunteer policies, and that I will treat with **respect and confidentiality** any information learned about the personal lives of residents, clients, staff, or volunteers at the Community Crisis Center.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Information:

_____	_____	_____
Name	Relationship	Phone #

Please return this application to: Community Crisis Center  
 Attn: Marissa Laurie, Volunteer Manager  
 P.O. Box 1390  
 Elgin, IL 60121-1390

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