



APPLICATION TO VOLUNTEER

Date: _____

Last Name: _____ First Name: _____

Address: _____ Apt. # _____

City & Zip Code _____

Home phone: _____ Cell: _____ Email address: _____

What is your preferred method of communication? Phone call Text message Email

Date of Birth: _____
(Month & Day only)

Employed: Yes _____ No _____ Name of Employer: _____

Description of Employment: _____

Does your employer have a "grant matching" program? _____

What foreign language do you speak? _____ Write? _____ Read fluently? _____

Volunteer Opportunities at Elk Grove Township

- Food Pantry Holiday Programs Back to School Programs
- Giving Garden Other

What special skills do you bring to your volunteer experience? _____

Why would you like to volunteer at Elk Grove Township? _____

Days available: Monday Tuesday Wednesday Thursday Friday

Hours Available: 9:00am- 11:00am 11:00am- 1:00pm 1:00pm-3:30pm

Ongoing availability: Immediately, and ongoing until further notice seasonally, or as needed

Name of Reference: _____ Phone# of reference: _____

Volunteer Signature _____

Please complete this form and fax or mail to:

Lisa Menich
 Director of General Assistance and Community Outreach
 2400 S. Arlington Heights Rd.
 Arlington Heights, IL 60005
 lmenich@elkgrovetownship.com
 Fax 847-890-6607