

COMPASS VOLUNTEER APPLICATION

501 S 4th Street
Springfield, IL 62701



Name (Last, First)

Today's date

Date of Birth

Email address Phone number Alternate phone number

Street Address City State Zip Code

Are you 16 or older? ____ Yes ____ No

Do you drive? ____ Yes ____ No Do you have a valid Illinois Drivers License? ____ Yes ____ No

Have you ever been convicted of a crime, other than a minor traffic violation? ____ Yes ____ No

If Yes, please attach a sheet explaining the circumstances.

How were you referred to Compass? _____

Highest grade completed: _____ Degree: _____

Professional or community memberships, affiliations: _____

Describe any relevant volunteer experience: _____

What are your hobbies and special interests? _____

Available days/times _____

Preferred volunteer position (please circle):

After School, Camp Compass (Summer), Backpack Feeding Program

Emergency Contact Name: _____ Phone number: _____

Please provide three non-relative references who have knowledge of your personal and/or professional qualities.
Please provide full names and phone numbers.

Name: _____ Affiliation: _____

Telephone Number: _____ Email: _____

Name: _____ Affiliation: _____

Telephone Number: _____ Email: _____

Name: _____ Affiliation: _____

Telephone Number: _____ Email: _____

To determine my qualification for volunteering, I authorize the agency to send for references and to conduct an investigation of my background.

Signature: _____