



Volunteer Application Form

Volunteer: A person who renders aid, performs a service, or assumes an obligation voluntarily; to perform or offer to perform a service of one's own free will.

_____ **Administrative Support (Peru Office):** Assist staff at Bridges Community Center welcome visitors of the center. Answering phones, assist with scheduling and reminder calls. Filing, folding brochures, putting informational packets together and helping with mass mailing.

_____ **Program Support (Multiple Locations):** Volunteer to offer your services by teaching computer or art classes or running various groups to build community amongst seniors in the area.

_____ **As-Needed Volunteer Opportunities (Multiple Locations):** Assist with fundraising events or helping with special events with our amazing team of volunteers.

_____ **Other**

How did you learn about these volunteer opportunities? _____

PERSONAL: This information is requested to help us better match applications with similar background, experiences and interests, and is only available to our staff.

Your Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Education (Check all that apply):

- Less than high school diploma High School Diploma or GED Some College, no degree
 Associates Degree Bachelors Degree Master/Professional Degree Doctorate

Are you currently:

Employed Full-Time Part-Time Seeking Employment Retired

Current Employer/Occupation/Title/Address/Telephone (If Applicable):

Profession/Type of Work Experience: _____

Volunteer Experience: _____

Hobbies/Activities/Interests: _____

Do you speak any foreign language fluently? _____ If so what language? _____

Have you ever been convicted of a crime or denied bond? Yes _____ No _____

Please check the days and times of week you are available:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Monday | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| <input type="checkbox"/> Friday | <input type="checkbox"/> AM <input type="checkbox"/> PM |

In Case of Emergency, please contact:

Name: _____ **Relationship:** _____

Phone: _____

Please return the application to:

**Bridges Community Center
809 21st Street Peru, IL 61354**

Or you may email it to dtrenor@alternativesforyou.org

Questions: 815-431-8034