



VOLUNTEER APPLICATION - Streator

Name: _____ Date: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (City) (Zip)

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Email: _____
(Month) (Date) (Year)

Education/Work Experience:

Please check all of the following boxes that apply to your work/educational background:

College (circle one): Graduate Full time Part time
Name of institution _____ Major _____
Graduation or anticipated graduation date _____

Employed (circle one): Full time Part time
Employer _____ How long have you been employed there? _____
Job Responsibilities _____

Unemployed (circle one): Retired Out of workforce
Retired/Past Employer _____ Position Held _____

Other work experience, paid or volunteer _____

Why do you want to volunteer? _____

How did you hear about our volunteer program? _____

Skills, interests or special training:

Conviction Record:

Yes No Have you ever been convicted of a felony? If yes please explain: _____

Volunteer Availability:

Most shifts are Monday –Friday for 3-4 hours. Please check the times below that you are available to volunteer:

Shift	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
8am-12pm							
12pm-4pm							
4pm-6pm							

***You must commit to at least 48 hours a year to remain an active volunteer.**

Volunteer Service Areas: (please circle all areas of interest)

Market Place Gift Shop

Cardiac Rehab

Other (Individualized)

Information Desk

Blood Drive

Are there any physical limitations that we need to be aware of prior to assigning you to a volunteer position? _____

Personal Reference: (someone who knows your work habits that is not a relative)

Name: _____

Address: _____
(Street) (City) (Zip)

Phone: _____ **Email:** _____

I hereby affirm that the information on this application is true and complete.

Signature _____ Date _____

Send to:
OSF HealthCare Center for Health - Streator
Volunteer Services Department
111Spring Street
Streator, IL 61350