Ela Township

1155 East Route 22, Lake Zurich, IL 60047

APPLICATION FOR VOLUNTEER

Thrive After Three

Personal Information Date of Application: _____

Name: _____
Last First Middle

Address: _____
Street (Apt) City, State Zip

Contact Information: _____
Phone # Email

Emergency Contact: _____
Name Phone # Relationship

Position: _____Youth Volunteer_____

High School: _____

Do we have your permission to text you information about the program?
No____Yes____

Do we have your permission to post pictures on our Social Work & Youth Facebook page?
No____Yes____

Do you have a current Drivers License? No____Yes____ State: _____
Have you ever been convicted of a felony or misdemeanor?
No____Yes____
Do you have any physical or emotional condition which requires a restriction of any work related activities? No____Yes____ **if so, explain in detail on a separate sheet.**

Affidavit
The statements I made in this application are true and complete. I understand that if I have made any false statements, omissions, or concealment on this statement, my ability to volunteer for this program is subject to immediate termination.

Signature: _____Date: _____