



## VOLUNTEER APPLICATION

Please note that all volunteers are required to be non-smokers.

### PERSONAL INFORMATION

NAME: \_\_\_\_\_ Mr. \_\_\_ Ms. \_\_\_ Mrs. \_\_\_ Other \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BIRTH MONTH/DAY: \_\_\_\_\_ Are you under the age of 18? YES \_\_\_ NO \_\_\_

### EMPLOYMENT & EDUCATION INFORMATION

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Does your employer have a formal volunteer program? \_\_\_ YES \_\_\_ NO

Does your employer offer volunteer assistance grants to organizations where employees participate as volunteers? \_\_\_ YES \_\_\_ NO

EDUCATION: \_\_\_ High school \_\_\_ College student \_\_\_ College grad \_\_\_ Other \_\_\_\_\_

If you are a student, please list your current school: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ YES \_\_\_ NO

If yes, please explain: \_\_\_\_\_

### VOLUNTEER EXPERIENCE

How did you hear about volunteer opportunities with RHAMC?

\_\_\_\_\_

Why are you interested in volunteering?

\_\_\_\_\_

\_\_\_\_\_

Have you volunteered with RHAMC before? \_\_\_\_\_ YES \_\_\_ NO

If yes, where, when and what was your assignment? \_\_\_\_\_

\_\_\_\_\_

Please list any previous volunteer experience: \_\_\_\_\_

**Please select your area(s) of interest (check all that apply):**

Environmental Advocacy

Asthma Programs

COPD Initiative

Tobacco Programs

Advocacy

Health Outreach/Health Fairs

Office Support

Women and Lung Health

Special Events/Fundraising

Lung Cancer Initiative

Flu Program

Special Opportunities

**Please select your skill(s) (check all that apply):**

Word

Marketing

Excel

Fundraising/Special Events

Access

Public Relations

Internet

Finance

Typing

Support Group Facilitator

Data entry

Language: \_\_\_\_\_ Read\_\_\_ Speak\_\_\_ Write\_\_\_

Professional Licensures or Degrees: \_\_\_\_\_

Other Skills: \_\_\_\_\_

**Time Availability:**

Daily, please specify days:

\_\_\_\_\_

Time-Limited Project

Weekly

Other, please specify:

Monthly

\_\_\_\_\_

**Tee Shirt Size**

Small

Medium

Large

X-Large

**REFERENCES**

1. Name: \_\_\_\_\_ Phone :(\_\_\_\_\_) \_\_\_\_\_

What is your relationship to this person? \_\_\_\_\_

How many years have you known him/her? \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone :(\_\_\_\_\_) \_\_\_\_\_

What is your relationship to this person? \_\_\_\_\_

How many years have you known him/her? \_\_\_\_\_

**EMERGENCY CONTACT**

All information remains confidential and will only be used in the event of an emergency.

**In case of an emergency, please contact:**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**WAIVER AND LIABILITY**

I certify that the information contained in this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentation or omission of fact in this application will be cause for refusal or termination from the Association. I hereby waive any and all claims against the Respiratory Health Association of Metropolitan Chicago (RHAMC) and its associates arising out of any volunteer event. I understand that the RHAMC may be filming/photographing volunteers during various volunteer activities. I authorize the RHAMC to have and use photographs, slides, legitimate accounts, and videotapes of the person named in this application as may be needed for its public relations programs including brochures, newspapers, television, etc.

**VOLUNTEER SIGNATURE:** \_\_\_\_\_

**(Required)**

**DATE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**(If volunteer is under 18)**

**DATE:** \_\_\_\_\_

**Please return completed applications to:**

Tracey Ford

Respiratory Health Association of Metropolitan Chicago

1440 W. Washington Blvd., Chicago, IL 60607

[tford@lungchicago.org](mailto:tford@lungchicago.org)

Telephone: 312-229-6184 Fax: 312-243-3954