



A Mission of the Daughters of Charity

Providing Social Services to Chicago Families Since 1914

Marillac St. Vincent Family Services Volunteer Application

Date: _____

Clearance: (Office Use) _____

Personal Information

Last Name: _____ First Name: (Please use full name) _____

Maiden Name (if married): _____ Nickname: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Main Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

*****Must be at least 16 years old to volunteer unchaperoned*****

Volunteering

How did you find out about volunteering at Marillac St. Vincent Family Services

Which location would you like to fulfill your service at: **Please circle or underline**

Marillac Social Center

St. Vincent de Paul Center

Do you need to fulfill a requirement of any kind (i.e. school, college, court, public aid)? **Please circle answer.**

Please note that if you require credit to satisfy a requirement of some kind, this must be explained at the time the application is submitted)

Y N

If so, what is the requirement for, and how many hours must you complete?

Please briefly explain why you are interested in volunteering at Marillac St. Vincent Family Services:

What volunteer opportunity(s) are you interested in? (Please circle or underline all that apply. This is subject to availability and varies at each site).

- | | | | |
|--|---------------------------------------|-------------|-----------------|
| <input type="checkbox"/> Infant/Toddler Child Care | Nearly New Shop | Food Pantry | Saturday Events |
| <input type="checkbox"/> Pre-K/Kindergarten Child Care | Senior Services | Operations | Associate Board |
| <input type="checkbox"/> School Age Program/Tutoring | <input type="checkbox"/> Food Service | Office Work | Special Events |

Times Available: _____

Education Information

Are you currently attending school? Y N

Name of current school or last school attended: _____

Highest grade completed or degree awarded and major: _____

Work Information

Are you currently employed? Y N

Please indicate the name of your current or last employer: _____

Length of current or last employment: _____

Name of Supervisor: _____ Phone Number: _____

Emergency Information

Emergency Contact Name: _____

Phone Number: _____ Relationship: _____

Volunteer Confidentiality Statement

I hereby agree to regard all information received in the performance of my volunteer work for Marillac St. Vincent Family Services as confidential.

I understand that the Marillac St. Vincent Family Services respects its client's, staff and volunteer's rights with regard to privacy of information and I agree to respect these rights in the performance of my volunteer duties and to keep "professional" confidentiality in all my statements outside of the agency.

(Signature)

(Date)

Background and Reference Verification

Have you ever been charged or convicted of a crime?

Y

N

If yes, please explain.

Please list three references (No Relatives Please.)

1. Name: _____

Phone Number: _____

Address: _____

Relationship: _____

Email: _____

2. Name: _____

Phone Number: _____

Address: _____

Relationship: _____

Email: _____

3. Name: _____

Phone Number: _____

Address: _____

Relationship: _____

Email: _____

I certify that the above information is true. I understand that providing false information is grounds for termination of my volunteer service. I authorize the individuals who will be contacted as references to give their complete and honest evaluation of me. I understand that this information will remain confidential. I give authorization for Marillac St. Vincent Family Services to conduct a criminal background before beginning volunteer work.

(Signature)

(Date)

Office of the Director
406 E. Monroe Street • Springfield, Illinois 62701
www.DCFS.illinois.gov

IMPORTANT:
**Long-term volunteers with children
are required to sign this suspected
abuse reporting as are employees.**

**ACKNOWLEDGEMENT OF MANDATED REPORTER
STATUS**

I, _____ understand that when I am employed as a (volunteer at Marillac St. Vincent Family Services) , I will become a mandated reporter under the Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under but not limited to the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Applicant/Employee

Signature of Applicant/Employee

Date

Rev. 8/2013

**Office of the Director
406 E. Monroe Street * Springfield, Illinois 62701
www.DCFS.illinois.gov**

Volunteer Procedures and Rules

1. Volunteers must be a minimum of **16** years old, unless supervised by an adult.
2. Volunteers must sign in and out at designated times.
3. Volunteers must wear a name tag while on the premises.
4. Volunteers must follow the guidelines of the Center under the direction of supervisors.
5. Volunteers need to be in the presence of staff at all times while with a child.
6. Volunteers may not leave the building or premises with a child.
7. Volunteers are here to aid the teachers and must follow their direction.
8. Volunteers need to maintain respect and courtesy to staff, children and parents at all times.
9. Volunteers must remain in their assigned areas at all times. Please notify staff if you leave the room.
10. If a volunteer cannot attend their regularly scheduled time, they must call the Volunteer Coordinator so that the supervisor can be notified.
11. Volunteers are asked to give a minimum of two hours per visit (unless other arrangements have been made with the Volunteer Coordinator).
12. If a volunteer does not keep his/her commitment, they will be discontinued from the program.

I have read the above rules and agree to follow them.

(Signature)

(Date)

Volunteer Termination Statement

Marillac St. Vincent Family Services is an at-will agency and has the right to terminate a volunteer without cause, but will always consider the cause leading to the termination. In general, failure to adhere to the policies of Marillac St. Vincent Family Services is cause for immediate release. Marillac St. Vincent Family Services has the right to ask a volunteer to leave the facility immediately.

Grounds for immediate dismissal may include, but are not limited to:

1. Gross misconduct or insubordination
2. Reporting for a volunteer assignment under the influence of alcohol or drugs
3. Theft of property or misuse of agency funds, equipment or materials
4. Misusing your name tag
5. Falsifying statements on the application or during the interview process
6. Illegal, violent or unsafe acts
7. Abuse or mistreatment of staff, clients or other volunteers
8. Releasing confidential information
9. Unwillingness to support or further the mission of the organization

I have read the above information and agree to all of the terms.

(Signature)

(Date)

PLEASE RETURN TO:

Sr. Mary Gilbert, D.C.
Marillac St. Vincent Family Services
2145 N. Halsted
Chicago, IL 60614

Email:
Mary.Gilbert@doc.org
Phone:
312-278-4326

Thank you for your interest in volunteering with Marillac St. Vincent Family Services!

FOR OFFICE USE ONLY

Clearance		
Reference Checks:	1.) _____	2.) _____ 3.) _____
Convicted Sex Offender Check:	Cleared _____	Not Cleared _____
Interview:	Cleared _____	Not Cleared _____
Criminal Background:	Cleared _____	Not Cleared _____

Volunteer Position(s): _____
Day(s): _____ Time(s): _____
Commitment: _____