## **Volunteer Application**



2255 Sullivan Road Aurora, IL 60506 630.892.1551

Name (First Name, Middle Initial, Last Name)  Address (Street, City, State, Zip)					Social Secur	ity Number	Date of Application  Cell Phone	
					Home Phone	·		
 Areas	of interes	st for V	olunteerin	g	Email Addre	ess		
☐ Yes ☐ No Have you filed an application					olication with ACS bef	Fore? When?		
	Yes		No	Have you been employed with ACS before? When?				
	Yes		No	Have you ever participated in, been accused of, pled guilty/no contest to, or been convicted of abuse or any sexual misconduct?				
	Yes		No	Have you ever been convicted of or pled guilty/no contest to any criminal offense of any kind?				
Refer Nan		lude at	least 2 Pr	ofessional and/or Personal R Position/Re		Contact #		
Ivan	ic			1 OSITIOII/RC	adonship	Contact II		
							_	
	riences/Sk rience/Skill	ills rela	ted to des	ired area of volunteering:			Date	
							<u> </u>	
Days	Available			<b>5</b> m 1 <b>5</b> m				
		L	<b>J</b> Monday	√ □Tuesday □W	ednesday □Thurso	day □Frida	ay	
Crimi		al backg	round chec	k may be required for this volustrora Christian Schools may be			f interaction with children or youth. ne criminal background check.	
			<u>F</u> 01	Office Use Only:		F	or Office Use Only:	
	Date	e Received		Interview I	Date		or once one only.	
		erences Cl		Lifestyle A	greement			
	Bac	kground C	Check Forms	Status Noti	ification			