

**CITY OF CHICAGO DEPARTMENT OF CULTURAL AFFAIRS AND SPECIAL EVENTS
VOLUNTEER SERVICES PROGRAM APPLICATION**

Chicago Cultural Center, 78 East Washington Street, Chicago, Illinois 60602 www.cityofchicago.org/DCASE

Thank you for considering DCASE as a place to donate your time and talents. We appreciate you taking the time to fill out this application which will assist us in matching your skills and interests with our available volunteer opportunities. If you have any questions, please contact the Volunteer Coordinator at DCASE.Volunteers@cityofchicago.org or 312-744-9676.

PLEASE PRINT OR TYPE

Today's Date _____ (Month/Day/Year)

Mr. Mrs. Miss Ms. Rev. Dr. Other

Name: _____
(Last) (First) (MI)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Best time to call: _____

Work Phone: _____ Best time to call: _____

Cell Phone: _____

E-Mail: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Circle days you are able to volunteer: Sun Mon Tue Wed Thu Fri Sat

Please list time preferences: Mornings _____ Afternoons _____ Evenings _____

SKILLS, EXPERIENCES, & INTERESTS

How did you learn about volunteer opportunities at DCASE?

Why do you want to volunteer for DCASE and what do you want to gain from this volunteer experience?

Have you heard about any particular volunteer opportunities that interest you?

Do you have any particular skills, talents, or interests you would like to share?

Please describe your prior volunteer experience (include organization names and dates of service), if any.

EDUCATION

Highest Level of Education: _____

EMPLOYMENT

Current Employer, if applicable:

Position/Title: _____

Dates of Employment (starting/ending): _____

Company/Employer: _____

Address: _____

REFERENCES

Please list two people besides relatives and employers whom you have known for at least two years and who know you well enough to provide us with a reference

Name _____	Name _____
Phone _____	Phone _____
Relationship to you _____	Relationship to you _____

Note: To be considered as a volunteer, you must complete a criminal background check (fingerprinting) with the City of Chicago.

Note: You may be required to stand for long periods of time and lift up to 20 lbs. during volunteer activities.

LIABILITY WAIVER

"The undersigned hereby understands and agrees to personally assume any and all liability and risk of volunteering at the Department of Cultural Affairs and Special Events. Further, the undersigned hereby agrees to hold harmless the City of Chicago, its employees, and agents from any responsibility or liability for any and all personal injuries that may occur while volunteering at the office or during off-site events."

The undersigned understands and agrees that if accepted as a volunteer, he/she would not be an employee of the City of Chicago, and would not be entitled to any compensation or benefits of any kind.

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

APPLICANT'S NAME (PRINT)

APPLICANT'S SIGNATURE

DATE