



# CITY OF BLUE ISLAND

## VOLUNTEER APPLICATION

(Advisory Boards/Commissions/Committees)

Please Return to:

City of Blue Island – Mayor’s Office – 13051 Greenwood Avenue, Blue Island, IL 60406

Fax: (708) 597-1221 / Email: [mbarrera@cityofblueisland.org](mailto:mbarrera@cityofblueisland.org)

### INSTRUCTIONS FOR COMPLETING THIS APPLICATION

We welcome you as an applicant for volunteering with the City of Blue Island. It is the policy and intent of the City of Blue Island to provide equal opportunity to volunteer to all persons regardless of race, color, gender, age, religion, national origin, ancestry, sexual orientation, marital status, veteran status, disability, or any other protected group status (except when gender, age, or physical ability is a bona fide occupational qualification) in all aspects of our personnel policies, programs, practices and operations. All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible volunteer assignment with the City of Blue Island.

The City of Blue Island complies with the Americans with Disabilities Act (ADA). If you are an individual with a disability and require assistance or accommodation in filling out this application, please contact the Mayor’s Office at (708) 396-7011.

Please furnish us with complete information as requested in this application.

### GENERAL INFORMATION

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you related to any employee of the City of Blue Island or an elected official? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state their name and relationship to you: \_\_\_\_\_

Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime other than a petty moving violation? Yes \_\_\_\_\_ No \_\_\_\_\_

**APPLICANT IS NOT OBLIGATED TO DISCLOSE SEALED OR EXPUNGED RECORDS OF CONVICTION OR ARREST PURSUANT TO SECTION 12 OF THE ILLINOIS CRIMINAL IDENTIFICATION ACT, 20 ILCS 2630/12.**

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

Are you the recipient of a pension from the Illinois Municipal Retirement Fund (IMRF)? Yes \_\_\_\_\_ No \_\_\_\_\_

If applicable for the volunteer position, please answer the next question:

Do you have a valid Illinois Driver’s License? Yes \_\_\_\_\_ No \_\_\_\_\_

**AVAILABILITY**

Please identify the specific department(s) or functional areas with which you'd prefer to volunteer.

1. \_\_\_\_\_ 2. \_\_\_\_\_

Days of the Week: \_\_\_\_\_

Hours: \_\_\_\_\_

**SKILLS**

List any skills/experience that might relate to a volunteer opportunity (Typing, Software Skills, Equipment, etc.).

\_\_\_\_\_  
\_\_\_\_\_

List any special courses, seminars, workshops, etc., that might relate to a volunteer opportunity.

\_\_\_\_\_  
\_\_\_\_\_

List any licenses or certificates relating to a volunteer opportunity.

\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER HISTORY**

May the City of Blue Island contact the organizations identified below? Yes \_\_\_\_\_ No \_\_\_\_\_

May the City of Blue Island share your e-mail address and phone number with the other members of the volunteer group? Yes \_\_\_ No \_\_\_\_\_ If yes, please specify specific contact information: \_\_\_\_\_

**Organization:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Dates Volunteered:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Organization:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Dates Volunteered:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Please list two references that are familiar with your work history and/or volunteer experience. Do not list relatives, friends or personal references.

**Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Business Relationship:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Business Relationship:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

How did you learn of the volunteer opportunities with the City of Blue Island?

Newspaper  Agency  Employee  Blue Island’s Website  Cable Channel 4  Other Website  Other

Name of referral source: \_\_\_\_\_

***Please note that this volunteer opportunity is not meant to satisfy court-ordered volunteer requirements.***

**APPLICANT AGREEMENT**

**Please read before signing. Questions regarding this statement should be directed to any volunteer interviewer prior to signing.**

I hereby certify that all answers to the questions herein are true, accurate and complete to the best of my knowledge. I agree and understand that any false statements, misrepresentations or omissions of fact contained in this application (or any other accompanying or required documents) may cause the rejection of this application without notice regardless of how or when discovered.

I understand that all candidates offered a volunteer assignment are subject to a drug screen at the expense of the City. I authorize the investigation of all statements and information contained in this application. I release the City of Blue Island from any and all liability that might result from conducting a background investigation. I also release from liability anyone supplying information pursuant to such investigation.

I understand that this application is not, nor is it intended to be, a contract of employment. If selected to volunteer, I agree to abide by all applicable City of Blue Island rules and regulations.

I acknowledge that I have read the above statements and hereby grant permission to verify the information supplied on this application to volunteer.

**PRINT NAME:** \_\_\_\_\_

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

***Reasonable Accommodation Upon Request***