



# Turning Point, Inc. - Volunteer Application

P.O. Box 723 Woodstock, IL 60098 | 815-338-8081 | Fax 815-338-8110 | turnpt.org

**\*Please Print\***

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_  
(she/he/they)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to contact:  Morning  Afternoon  Evening

Email: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day)

Are you related to any Turning Point employee or volunteer?  Yes  No

If yes, who? \_\_\_\_\_

Have you or a family member ever received service from Turning Point?  Yes  No

## **Emergency Contact**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Education and Employment Background**

Highest grade completed: \_\_\_\_\_

Currently Attending: \_\_\_\_\_ Major Course of Study: \_\_\_\_\_

Present or most recent employer's name: \_\_\_\_\_

What is your occupation? \_\_\_\_\_

What days/times do you work? \_\_\_\_\_

**Please provide a professional reference - Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Volunteer Availability/Interests**

Please check the days and times you would be available to volunteer:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

What time do you prefer to volunteer:  Morning  Afternoon  Evening

Physical Limitations Yes No

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

Do you have any skills or talents you hope to bring to Turning Point? (Trade skills, IT experience, second language, etc..)

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**Volunteer Opportunities** *(Please check all you are interested in!)*

Non – Direct

- |  |   |
|--|---|
| <input type="checkbox"/> Pantry Organization           | <input type="checkbox"/> Turning Point Ambassador |
| <input type="checkbox"/> General Maintenance Assistant | <input type="checkbox"/> Direct Mailings          |
| <input type="checkbox"/> Photographer                  | <input type="checkbox"/> Landscaper/Gardener      |

Events

- |  |  |
|--|--|
| <input type="checkbox"/> Annual Dinner (April)           | <input type="checkbox"/> Awards Event (October)    |
| <input type="checkbox"/> Human Race 5K (April)           | <input type="checkbox"/> Santa Run 5K (December)   |
| <input type="checkbox"/> Fair/Fall Diddley (May/October) | <input type="checkbox"/> In-Kind Donation Requests |
| <input type="checkbox"/> Radiothon (July & August)       | <input type="checkbox"/> All Events                |

Direct Service

**\*\*If you are interested in volunteering to work directly with clients please note there is a required evaluation period and the approved completion of domestic violence 40-hour training.**

- |  |  |
|--|--|
| <input type="checkbox"/> Client Paperwork/Filing | <input type="checkbox"/> Client Development        |
| <input type="checkbox"/> Shelter Assistant       | <input type="checkbox"/> Crisis Helpline           |
| <input type="checkbox"/> Childcare               | <input type="checkbox"/> Support Group Facilitator |

PLEASE NOTE: Background checks are required for all volunteers.

**I hereby affirm that the information provided on this application is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for a volunteer position and may result in discharge even if discovered at a later date. I hereby authorize Turning Point, Inc. to make any inquiries (including a criminal background check) to determine my ability for volunteer service with the understanding that any misrepresentation I make will be just and due cause for a non-acceptance or dismissal as a volunteer.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If applicant is a high school student (under 18):** I give permission for my child to be a volunteer at Turning Point, Inc. and verify that the information provided on this application is true and complete.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_