



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: _____

Do you want to receive email newsletters and updates from Turning Point, Inc? Yes No

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

If yes, was it within the past year? Yes No

Emergency Contact

Name: _____ Phone: _____

Education and Employment Background

Please select highest level completed

High School Associates Bachelors Masters PhD Other: _____

Currently Attending: Yes No Major Course of Study: _____

Are you currently employed? Yes No

Present or most recent employer's name: _____

What is your occupation? _____

Please provide a professional reference Name: _____

Relationship: _____ Phone: _____

If you have volunteered with other organizations, please describe:

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: _____

Why would you like to volunteer at Turning Point, Inc?

Do you have any skills or talents you hope to bring as a volunteer?

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

All Turning Point, Inc volunteers go through a training and onboarding process so they are best equipped to represent our mission in the community. Due to the sensitive nature of our work, and for the security and confidentiality of our clients, most volunteer opportunities are offered off-site.

Off-site

- | | |
|---|---|
| <input type="checkbox"/> Events | <input type="checkbox"/> Fundraising/Donation Collections |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Flyer/Brochure Distribution |

On Site

- | | |
|--|---|
| <input type="checkbox"/> Donation Organization | <input type="checkbox"/> Landscaping (Outdoors) |
|--|---|

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 Illinois Domestic Violence 40-hour training.

- | | |
|--|---|
| <input type="checkbox"/> Crisis Helpline | <input type="checkbox"/> Client 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: _____

OFFICE USE

- Received _____
- Contacted _____
- Interview _____
- Orientation _____