



Ray Graham Association®

Empowering people with disabilities™

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

Creating Opportunities that Empower People with Disabilities to Reach, Grow, and Achieve

### Volunteer Application and Agreement Form

*Please fill out and email completed form to: [volunteer@raygraham.org](mailto:volunteer@raygraham.org)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ (H); \_\_\_\_\_ (C)

\_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

Company or Volunteer Group Name (if applicable): \_\_\_\_\_

Place of Employment \_\_\_\_\_ Job Title \_\_\_\_\_

Emergency

Contact: \_\_\_\_\_  
(Name) (Tele.No.: Indicate Home, Work or Cell) (Relationship)

Do you have any friends/family members who are employed or volunteer at RGA? \_\_\_\_ Yes \_\_\_\_ No

Court Ordered? \_\_\_\_ Yes \_\_\_\_ No Location Preference: \_\_\_\_\_

When are you available to volunteer? Available Start Date: \_\_\_\_\_

- |  |                                    |                                    |
|--|------------------------------------|------------------------------------|
| Daily <input type="checkbox"/>         | Monday <input type="checkbox"/>    | Morning <input type="checkbox"/>   |
| Weekly <input type="checkbox"/>        | Tuesday <input type="checkbox"/>   | Mid-day <input type="checkbox"/>   |
| Monthly <input type="checkbox"/>       | Wednesday <input type="checkbox"/> | Afternoon <input type="checkbox"/> |
| Summer Only <input type="checkbox"/>   | Thursday <input type="checkbox"/>  | Evening <input type="checkbox"/>   |
| One Time Only <input type="checkbox"/> | Friday <input type="checkbox"/>    |                                    |
|  | Saturday <input type="checkbox"/>  |                                    |
|  | Sunday <input type="checkbox"/>    |                                    |

Types of volunteer work are interested in:

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

I need the following accommodation(s) to work as a volunteer: \_\_\_\_\_

Have you ever been adjudged civilly or criminally liable for abuse of an individual with disabilities?  
No\_\_\_ Yes\_\_\_; Have you been convicted of a crime? No\_\_\_ Yes\_\_\_ If yes, please describe:

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**BACKGROUND CHECK:** Volunteers are required to submit to a background check with the State of Illinois. Court ordered volunteers are required to pay the \$10 fee. Screening must be completed before volunteers begin working with people served.

\_\_\_\_\_ I agree to have a background check.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the on site manager and to participate in orientation to perform my volunteer role.

I hereby release and waive liability against RGA, a non-profit organization, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself, or my dependent may suffer in connection with any volunteer work for RGA. Further, I agree that RGA is not liable for any damage to my property or my dependent's property resulting from volunteer work for RGA. I agree that this release is as broad and inclusive as permitted by the laws of the State of Illinois.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of Parent or Guardian if under 18 years: \_\_\_\_\_

\*If volunteer is under 18 years, the parent or guardian must also sign this volunteer application and agreement form.

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ (H); \_\_\_\_\_ (C)

\_\_\_\_\_ EMAIL: \_\_\_\_\_

\_\_\_\_\_

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