

HINSDALE - CLARENDON HILLS ROTARY RUN FOR WELLNESS HOUSE

3K RUN 5K RUN 10K RUN 10 STEP WALK

Volunteer Application

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Today's date	For Grant Purposes Only Birth Month/Day/Year
Current Street Address			Home Phone	
City	State	Zip Code	Cell Phone	
E-Mail Address:		Do you check e-mail daily? Yes No		The best time to contact you: Days Evenings
Have you ever been convicted of a felony? Yes No Note: Do not declare any sealed or expunged convictions. A conviction will not necessarily bar participation in our volunteer program but will be considered within the context of the entire application.			If yes, please explain:	
How did you hear about our volunteer program? (please circle) Friend Web Page Walk-in Family Other(please explain):			Position I am interested in:	

GROUP INFORMATION

Are you with a group?	Yes No
What is the name and location of your group?	
Who is the contact person for your group?	

EMERGENCY CONTACT INFORMATION

Contact Name	Relationship
Day Phone	Cell Phone

VOLUNTEER APPLICANT'S STATEMENT

<p>I understand that I am applying to be an unpaid volunteer for Wellness House and that this application is not an application for employment. I understand that nothing in this application is intended to imply or create an employment relationship or a contract for employment.</p> <p>If I am accepted into Wellness House's volunteer program, I agree that I will abide by the requirements of the program, policies and procedures of Wellness House.</p> <p>Signature: _____ Date: _____</p> <p>If you are under eighteen you will also need a parent or guardian to sign below.</p> <p>Signature: _____ Date: _____</p>

Thank you for taking the time to complete this application, if you have questions please contact Lisa Schuenemann, Manager of Volunteer Services at phone: 630-654-5106, fax: 630-654-5345 or lschuenemann@wellnesshouse.org. Wellness House 131 North County Line Road, Hinsdale, Illinois 60521