



To promote the well-being of children from birth by supporting and strengthening their families in and with their communities.

VOLUNTEER APPLICATION

Do you have a skill you can teach? Do you like to work with children? Do you prefer to work with adults?

Volunteers are important at Family Focus. Helping new immigrants fill out citizenship applications, mentoring young people, teaching financial literacy skills, or helping tend a community garden - there's a way for people with many different gifts and abilities to help the Aurora area families and communities.

Since 1976, Family Focus has been promoting the well-being of children from birth by supporting and strengthening their families in and with their communities with the help of Volunteers. Together with the community we offer innovative programs that help parents gain confidence and skills as the first and most important educators of their children. Family Focus staff and volunteers work in partnership with all family members—parents, relatives, children, and teens—and collaborate with other professionals to support stable and healthy families. In fact, we serve over 11,000 people across northeastern Illinois and make 8,400 emergency referrals a year!

Volunteers make many of the programs at Family Focus possible, through contributing their time and unique skills to expanding the impact of services offered. We invite you and your family to be a part of our mission by volunteering at a Family Focus center.

Areas of Service vary from community to community. To find out where you fit right in, contact one of the Family Focus centers listed below. Opportunities include but are not limited to:

- ✓ Accompanying on Field Trips
- ✓ Aiding Administration Tasks
- ✓ Assisting at Child Care Center
- ✓ Facilitating Support Groups
- ✓ Helping with Citizenship
- ✓ Facilitating Recreational Activities
- ✓ Leading Crafts
- ✓ Leading Parent Trainings
- ✓ Mentoring Young People
- ✓ Presenting Life Skills Workshops
- ✓ Supporting Young Mothers
- ✓ Tending a Community Garden
- ✓ Tutoring at After-School Program
- ✓ Teaching Computer Classes
- ✓ Working on Building Maintenance
- ✓ Helping with outreach

Interviews are scheduled once a volunteer application has been received. The purpose of the interview is to help us become acquainted and determine your volunteer placement and schedule.

Orientation is required before volunteer activity can begin and provided by the Family Focus Center. During this time you will become better acquainted with Family Focus's program and family support philosophy. You will also have an opportunity to ask questions.

Service centers are located across the Chicago land area. We appreciate your interest in Family Focus. If you have any questions, contact your local Family Focus center listed below. You can find out more information about Family Focus by visiting our website at www.family-focus.org.

Family Focus Centers

Central office

310 S. Peoria St., Suite 301
Chicago, IL 60607
Phone: 312-421-5200
mail@family-focus.org

DuPage

2174 Gladstone Court
Glendale Heights, IL 60139
Phone: 630-521-8808
dupage@family-focus.org

Evanston - Our Place

2010 Dewey Ave.
Evanston, IL 60201
Phone: 847-475-7570
evanston@family-focus.org

Family Network- Highland Park

330 Laurel Ave.
Highland Park, IL 60035
Phone: 847-433-0377
familynetwork@family-focus.org

Aurora

550 East Second Ave.
Aurora, IL 60505
Phone: 630-844-2550
aurora@family-focus.org

Englewood

6727 South Western Avenue
Chicago, IL 60636
Phone: 773-962-0366
englewood@family-focus.org

Nuestra Familia - Hermosa

4145 W. Armitage
Chicago, IL 60639
Phone: 773-276-0940
nuestra.familia@family-focus.org

Lawndale

3517 W. Arthington St.
Chicago, IL 60624
Phone: 773-722-5057
lawndale@family-focus.org



To promote the well-being of children from birth by supporting and strengthening their families in and with their communities.

VOLUNTEER APPLICATION

NAME:	HOME PHONE:	CELL PHONE:
-------	-------------	-------------

ADDRESS:	CITY:	ST:	ZIP:
----------	-------	-----	------

Have you lived in your present address 10 YRS or more? If no, complete address information for past 10 years:	EMAIL:
--	--------

EMPLOYER:	OCCUPATION:	BUSINESS PHONE:
-----------	-------------	-----------------

ARE YOU PRESENTLY A STUDENT?	WHERE?	MAJOR:
------------------------------	--------	--------

HIGHEST LEVEL OF EDUCATION COMPLETED:	FOCUS/MAJOR:
---------------------------------------	--------------

LIST AND DESCRIBE ANY PREVIOUS VOLUNTEER / WORK EXPERIENCE YOU MAY HAVE:

LIST ANY SKILLS, INTERESTS OR HOBBIES:

LIST ANY MEDICAL INFORMATION OR DISABILITY THAT SHOULD BE CONSIDERED IN ASSIGNING A VOLUNTEER ACTIVITY:

AREA OR SERVICE PREFERRED (PARENT, TEEN, CHILD, BABY, WORKSHOPS, MAINTENANCE, TUTORING, ETC)?

LOCATION PREFERRED (AURORA, CHICAGO, CICERO, ENGLEWOOD, EVANSTON, HERMOSA, HIGHLAND PARK, LAWNSDALE):

FILL IN THE CHOICES OF TIMES WHEN YOU CAN VOLUNTEER. NUMBER THEM IN ORDER OF PREFERENCE:

	MON	TUE	WED	THURS	FRI	SAT	SUN
MORNING							
AFTERNOON							
EVENING							

REFERENCES: (someone from the community or work / do not use a relative)

Name:	Relation:	Phone:
-------	-----------	--------

Name:	Relation:	Phone:
-------	-----------	--------

Emergency Contact:	Relation:	Home Phone:
		Work Phone:

Have you ever been arrested, convicted, Adjudicated Guilty, Adjudication Withheld, including Nolo Contendere for an offense other than a minor traffic violation: NO YES / ATTACH EXPLANATION

** As a Criminal Arrest & Conviction record search is made of all prospective volunteers, all prospective volunteers are required to complete a release form. A conviction or arrest record is not necessarily a bar to acceptance as a volunteer factors such as age at the time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account. However, concealment of any conviction on this application shall be cause for discharge whenever discovered.

SIGNATURE: (By signing this application I acknowledge the above information is true and correct)	DATE
--	------

Family Focus complies with the Age Discrimination in Employment Act of 1968 and the Civil Rights Act of 1964 which prohibits employment discrimination based on race, color, creed, sex, age, national origin, physical disability or veteran status.

... and accurately and return it with your application/paperwork.

BACKGROUND CHECK DISCLOSURE AUTHORIZATION AND RELEASE

I understand that in connection with employment with Family Focus Inc, their agents, assigns or any other authorized third parties may be performing requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my employment history education, general character or reputation, work experience volunteer experience, driving criminal history and/or a check of the National Sex Offender Public Registry. However unless my position involves handling money or having access to monies and/or other transferable monetary instruments my credit history will not be checked.

I understand that Family Focus, Inc may rely on any part or all of this information in determining whether to extend an offer of employment to me. I further understand that if any adverse action is taken by Family Focus, Inc, or if Family Focus, Inc chooses not to extend an offer of employment to me based upon the information, that I will be provided a copy of such information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check is being performed as part of the process to evaluate me prior to employment assignments, and is not conducted for any purpose other than in connection with my application for employment. I have read this employment disclosure and by signing below, hereby authorize Family Focus, Inc. to conduct a background check as described herein in conjunction with my application for employment.

I hereby release Family Focus, Inc., from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my application with Family Focus, Inc. I further direct and authorize Family Focus, Inc. to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested information to disclose such information to Family Focus, Inc. in connection with this background check.

Note: Your social security number shall be used for NO other purpose than to make the process for conducting a background search more accurate. It shall not be sold or in any way transferred to a third party except for the express purpose of conducting the background check.

Applicant Signature _____ Date _____

Printed Name (FIRST, MIDDLE, AND LAST NAME PLEASE) _____ Social Security Number _____

Date of Birth _____ Former Last Name/s (If applicable) _____

Current Address - STREET _____ Current Address - COUNTY _____

Current Address - CITY _____ Current Address - STATE AND ZIP CODE _____

Have you ever lived outside the state of Illinois in the past 5 years? _____ If yes, please list prior city and state _____

Previous Address - CITY _____ Previous Address - STATE AND ZIP CODE _____ How Long _____

Previous Address - CITY _____ Previous Address - STATE AND ZIP CODE _____ How Long _____

Pat Quinn
Governor

Erwin McEwen
Director



Illinois Department of Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am employed as a
(Employee Name)

_____, I will become a mandated reporter under the
(Type of Employment)
Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Applicant/Employee

Date

CANTS 22
Rev. 1/2009

Office of the Director
406 E. Monroe Street • Springfield, Illinois 62701

Staff Emergency Information

Employee Name: _____

Center Name: _____

Home Address: _____

In case of emergency, please notify:

1. **Name:** _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

Relationship to Employee: _____

2. **Name:** _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

Relationship to Employee: _____

If you drive your personal automobile for Family Focus, please provide the following:

Make: _____

Driver's License#: _____

Model: _____

State: _____

Copy of Automobile Insurance:

License Plate#: _____

Employee Signature

Date



Date: _____

Center: _____

Staff Release Form

YES, I understand that photographs of me may be taken for promotional purposes and I give Family Focus, Inc. permission to publish such photographs in its brochures, reports, articles, and other promotional materials. I understand that Family Focus, Inc. will retain all rights to such photographs.

For valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby release and discharge Family Focus, Inc., its officers, directors, licensees, successors, and assigns from any and all claims (including but not limited to claims for libel), demands, actions and causes of actions arising out of or in connection with the use of any such photographs.

Signature of Employee

Name of Employee (printed)

NO, I do NOT give Family Focus, Inc. permission to publish photographs of me in its brochures, reports, articles, or promotional materials.

Signature of Employee

Name of Employee (printed)