



Angelic Organics Learning Center Volunteer Application

Last Name _____ First Name _____

Mr. ___ Mrs. ___ Ms. ___ Miss ___ Dr. ___

Address _____
Street City State Zip

Home phone _____ Business phone _____

Cell phone _____ Email _____

Describe your work experience _____

Describe your volunteer experience _____

For statistical purposes only, please indicate date of birth _____

Education:

High School Some College College Degree Advanced Degree

Special Training: _____

Special Limitations: _____

Emergency Contact:

Name _____

Relationship _____ Phone _____

Note: You may be required to complete forms for a criminal and sexual offender background screening upon acceptance as a volunteer.
Angelic Organics Learning Center will protect all personal information under our control.

List your preferred volunteer service areas:

1. _____

2. _____

Locations where you would like to volunteer:

Chicago Office Chicago Englewood Rockford, IL Caledonia, IL (Farm)

Days and times of availability:

I have a flexible schedule

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM

Check your skills, talents, experience, hobbies and interests:

- | | | |
|--|--|--|
| <input type="checkbox"/> Art/Design/Graphics | <input type="checkbox"/> Event Registration | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Assembling packets | <input type="checkbox"/> Food Justice | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Audio/Visual | <input type="checkbox"/> Farming, Livestock | <input type="checkbox"/> Organizing |
| <input type="checkbox"/> Birding | <input type="checkbox"/> Farming, Horticulture | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Body work/health | <input type="checkbox"/> Farming, Biodynamic | <input type="checkbox"/> Power Tools |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Farming, Ecological | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Calligraphy | <input type="checkbox"/> Filing | <input type="checkbox"/> Public health |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Flower Arranging | <input type="checkbox"/> Researching |
| <input type="checkbox"/> Cashiering | <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Selling |
| <input type="checkbox"/> Children's Activities | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Community organizing | <input type="checkbox"/> Gardening | <input type="checkbox"/> Social Justice |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> General Office Skills | <input type="checkbox"/> Speaking (public) |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Land Conservation | <input type="checkbox"/> Storytelling |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Landscape | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Crafting | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Telephoning |
| <input type="checkbox"/> Decorating | <input type="checkbox"/> Leadership | <input type="checkbox"/> Training |
| <input type="checkbox"/> Demonstrating | <input type="checkbox"/> Development | <input type="checkbox"/> Typing |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Mapping | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Editing | <input type="checkbox"/> Musical Instruments | <input type="checkbox"/> Other _____ |

Is there anything else you would like for us to know? _____

How did you hear about us? _____

I certify that the answers provided are true, complete and correct to the best of my knowledge. I understand that any misstatement or omission may result in the withdrawal of my application or, if I have been placed as a volunteer, the termination of my volunteer assignment.

Signature _____ Date _____