



Volunteer/Mentor Application

UCAN Chicago
 3605 W. Fillmore
 Chicago, IL 60624
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 UCANCHICAGO.ORG

MENTOR/VOLUNTEER APPLICATION		
APPLICANT INFORMATION		
Name:		
Date of birth:	Last 4 digits of SSN: xxx-xx-	Phone:
Email Address:		
Current Address:		
City:	State:	ZIP Code:
Driver's License No:	State:	
EDUCATION EXPERIENCE		
Circle last grade completed:		
Grade: 5 6 7 8	College: 1 2 3 4	Diploma/GED: Yes _____ No _____
High School: 1 2 3 4	Graduate: 1 2 3 4	
Last School Attended:		
Major:	Last Degree Obtained:	
EMPLOYMENT EXPERIENCE		
Are you presently employed? Yes _____ No _____ If NO, write N/A for below categories.		
Employer Name:	Position:	
Address:	Hours worked Per Week:	
Duties:	Length of Service:	
LIFE EXPERIENCES		
Clubs/Organizations/Affiliations:		
Other Life Experiences (e.g. military, job corps, etc.):		
VOLUNTEER/MENTOR EXPERIENCE		
Have you ever volunteered/mentored before? Yes _____ No _____ If YES, list your experiences		
Organization's Name:	How long?	
Address:		
Supervisor's Name:	Phone No.:	
Duties:		
Organization's Name:	How long?	
Address:		
Supervisor's Name:	Phone No.:	
Duties:		

VOLUNTEER/MENTOR INTERESTS	
Why are you interested in Volunteering/Mentoring with UCAN	
What type of volunteer work would you like to do? Check all that apply.	
Mentoring _____	Tutoring _____
Special Projects _____	Fundraising _____
PREFERENCES	
How much time are you able to commit to this volunteer work? Hours per week _____	
Times available: (please be specific and list time frames).	
Do you prefer a particular age group or type of client (child)? Yes _____ No _____	
If YES, please specify:	
How/Where did you hear about UCAN?	
SIGNATURES	
I hereby acknowledge that it is UCAN's duty to investigate all volunteers relative to past criminal offenses, and by my signature affixed hereon, give permission for said investigation, in compliance with the Illinois Department of Children and Family Services Standard, Section 404-24.	
I further acknowledge that I am aware of and will comply with UCAN's policies, philosophy, and procedures.	
I hereby certify that all statements contained in this application are true and correct to the best of my knowledge and belief.	
_____	_____
Signature of applicant:	Date:
_____	_____
Signature of guardian if applicant is <i>under 18 year old</i>	Date:

Please fax, email, or mail application to:

UCAN Volunteer/Mentor Department
 ATTN: Janella Curtis
 3605 W. Fillmore
 Chicago, IL 60624
 Phone: 773.290.5879
 Fax: 773.826.3620

Janella.Curtis@ucanchicago.org
 External Affairs