



UCAN Chicago
 3605 W. Fillmore
 Chicago, IL 60624
 p. 773.290-5879
 f. 773.588.7762
 UCANCHICAGO.ORG

Mentor/Volunteer Application

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			
Select last grade completed:			
Grade School:	College:	Diploma/GED:	
High School:	Major:		
Last School Attended:	Highest Degree Obtained:		
EMPLOYMENT EXPERIENCE			
Are you presently employed?		If NO, fill-in most recent experience below.	
Employer Name:	Position:		
City/State:	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?		If YES, list your experiences	
Organization Name:	How long?		
Responsibilities:			
Organization Name:	How long?		
Responsibilities:			
VOLUNTEER/MENTOR INTERESTS			
Why are you interested in mentoring a young person or volunteering through UCAN?			
In what ways would you like to support UCAN and its clients? Check all that apply.			
Mentoring _____	Group Mentoring _____	Special Projects _____	Fundraising _____
Event Support _____	Supply Drive _____	Other (describe) _____	
PREFERENCES			
How much time are you able to commit to volunteering with UCAN?		Hours per month _____	

Times available: (please be specific and list time frames)	
Do you prefer a particular age group or client (youth) need?	
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 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 return application to:

UCAN
 Attn: Andrea Lee
 3605 W. Fillmore St.
 Chicago, IL 60624
 Phone: 773.290.5879
 Fax: 773.588.7762
 andrea.lee@ucanchicago.org