GROUP/CORPORATE VOLUNTEER APPLICATION

“The Mission of Helping Hand Center is to assist persons with disabilities achieve their highest level of independence through quality programs and services.”

Helping Hand Center is an Equal Opportunity Employer & does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state/local law.

Helping Hand Center complies with Section 504 of the Rehabilitation Act of 1973, as amended, 26 U.S.C. 794, which prohibits discrimination on the basis of handicap. Assistance in completing this application is available to any individual. Sign interpreter will be available upon request for the hearing impaired.

Name of Company/Organization: _____________________________________________________________
Address: ______________________________________________________________________________
City/State/Zip Code: _____________________________________________________________________
Staff Contact Name/Title: __________________________________________________________________
E-mail: _______________________________________________________________________________
Work or Cell Phone: _____________________________________________________________________

Preferred method of contact (please check):  □ Work/Cell Phone  □ E-Mail

In case of an emergency, please list the information of who should be contacted:
Name: ___________________________________ Phone: ________________________________________
Relationship: ___________________________________________________________________________

If you are volunteering for a company requirement, please complete the following:
Number of Required Hours: ____________ Projected Start/End Date: ___________________________
NOTICE TO GROUP/CORPORATE VOLUNTEER APPLICANTS

All corporate volunteers are required to do the following:

1. Per DHS (Department of Human Services), volunteers (over age 14) are required to complete the Child Abuse and Neglect Tracking System (CANTS) form;
2. Per DHS, volunteers (over age 14) must provide their Social Security number and pass the Healthcare Worker Registry Check, Illinois Sex Offender, and Healthcare and Family Services (HFS) Office of Inspector General (OIG) Sanction List clearance;
3. Volunteers (over age 14) are required to complete the Abuse and Neglect training;
4. Volunteers (all) are required to complete the Volunteer Waiver, Release, Hold Harmless Indemnification Agreement;
5. Any misrepresentation shall be considered cause for dismissal from the Volunteer Program.

Signature of Applicant: ____________________________________________ Date: _____________
Signature of Legal Guardian (if under 18): ____________________________ Date: _____________
Social Security Number of Applicant (if over age 14): ____________________________

For Internal Use Only

___ Date Application Received ____________
___ Date CANTS Form Received ____________
___ Date Volunteer Handbook/ Agreement Received ____________
___ Date Waiver Received ____________
___ Background Check/CANTS Approved ____________
___ Abuse-Neglect Training & Sign-Off Completed ____________
___ Add to Donor Perfect ____________
___ Sign-In Sheet Created ____________

Start Date ______________________
Location/Assignment ____________________________