



Tourette Syndrome Association of Illinois (TSA-IL)

800 E Roosevelt, A-10, Glen Ellyn, IL 60137

tsaillinois@yahoo.com tsa-illinois.org

Volunteer Application

Contact Information

Applicant name: _____

Address: _____

City/Town _____ State _____ Zip code _____

Primary phone: () _____ - _____ Other phone: () _____ - _____

Email address: _____

Best method and time to reach you: _____

Emergency contact person name: _____

Relationship: _____

Primary phone: () _____ - _____ Other phone: () _____ - _____

Applicant Information

1. Please indicate all special skills or areas of expertise that you would contribute to our organization, and elaborate in the space provided below:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Administration | <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Corporate Contacts |
| <input type="checkbox"/> Management | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Presentations | <input type="checkbox"/> Not-for-profit governance |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Education | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Legislative | <input type="checkbox"/> Foreign Lang. | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Programming | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Training | <input type="checkbox"/> Info. Systems |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Executive | <input type="checkbox"/> Research | <input type="checkbox"/> Volunteer Organization |
| <input type="checkbox"/> Other _____ | | | |

Additional Comments:

1. Please tell us about your work experience, including paid and volunteer positions.

If you are currently employed, please list your current job first. Use the remaining spaces to describe other work experiences (paid or volunteer) that relate in any way to the Tourette Syndrome Association of Illinois volunteer position.

A. Organization: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____

Role: _____ Paid employee _____ Volunteer _____ Other

B. Organization: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____

Role: _____ Paid employee _____ Volunteer _____ Other

C. Organization: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____

Role: _____ Paid employee _____ Volunteer _____ Other

2. Please describe any skills or experience that would enable you to perform the duties of a TSA-IL volunteer.

3. Have you ever been convicted of any Felony or any crime against children or animals?

Yes _____ No _____ If yes, explain _____

4. Do you have any medical conditions that may affect your ability to function as an TSA-IL volunteer, or do you require any special accommodations that we should be aware of?

_____ Yes _____ No If yes, please describe:

5. Are you licensed and able to drive an automobile? _____ Yes _____ No

If you will be driving to and from TSA-IL events you will need to provide a copy of your driver's license and proof of insurance. We will collect this information at a later point in the screening process.

Interest in the TSA-IL

1. How did you learn about the TSA-IL?

2. Please tell us why you would like to become a TSA-IL volunteer?

3. *Please indicate the days and times that you are usually available.*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Note: To ensure the safety of our clients, volunteers, and the communities we serve, applicants for certain volunteer positions will be asked to consent to a criminal record check. If the position for which you apply requires a criminal record check, we will ask you to complete a separate form to authorize one.

Authorization and Certification

I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge. I also authorize TSA-IL to contact the references named below with regard to my application to become a TSA-IL volunteer. I also authorize the persons referenced to provide information in connection with my application, and release them from any liability in regard to it.

Signature: _____ Date: _____

References

Please provide three references, including at least one professional or work reference, that are not related to you and who we may contact to ask about your qualifications (if the reference is a supervisor or co-worker, please note the organization for which she or he works).

A. Name (first, last): _____

Phone number: () _____ - _____ How long known? _____

Relationship: _____

B. Name (first, last): _____

Phone number: () _____ - _____ How long known? _____

Relationship: _____

C. Name (first, last): _____

Phone number: () _____ - _____ How long known? _____

Relationship: _____