



# VOLUNTEER REGISTRATION FORM

## American Indian Center

1630 W Wilson Ave, Chicago, 60640  
773-275-5871 Fax 773-275-5874

Please complete this Volunteer Registration Form.  
Bring in or mail to the above address attn: Volunteer Coordinator. Thank You!

### Office Use Only

Interview Date \_\_\_\_\_ By (staff initials) \_\_\_\_\_

Eval Form done (date) \_\_\_\_\_  
OK'd to Volunteer \_\_\_\_\_  
Not OK to Volunteer \_\_\_\_\_  
Oriented to AIC, sign-in \_\_\_\_\_  
Entered into Giftworks \_\_\_\_\_

### Please print ~

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones (home/cell/work) \_\_\_\_\_

E-mails \_\_\_\_\_

DOB \_\_\_\_\_ Age 17 or under \_\_\_\_\_ Age 18 - 30 \_\_\_\_\_ Age 31 - 54 \_\_\_\_\_ Age over 55 \_\_\_\_\_

Ethnicity / Tribe \_\_\_\_\_

Highest completed grade/major \_\_\_\_\_ Occupation \_\_\_\_\_

**Check skills and/or your volunteer interests:**     Youth Programs / Tutoring     Seniors/Elders Programs  
 Food Service / Cooking     Outdoor / Garden     Recycling / Environment  
 Health Programs / Screenings     Crafts / Arts     Office / Data Entry  
 Fundraising / Donation Drives / Grant Search & Writing     Special Events (Powwows, Feasts, Community Events)  
 Building Beautification / Maintenance Repair / Remodeling:  Electric  Plumbing  Carpentry  Painting  
Other skills or interests you may have to offer: \_\_\_\_\_

**How often are you available to volunteer?**  Weekly  Monthly  Occasional \_\_\_\_\_

### Availabilities (circle days & times that apply):

Mondays - mornings / afternoons / evenings    Tuesdays - mornings / afternoons / evenings  
Wednesdays - mornings / afternoons / evenings    Thursdays - mornings / afternoons / evenings  
Fridays - mornings / afternoons / evenings    Saturdays & Sundays - morn / afternoon / eve

➤ Would you volunteer from home by phone or internet (i.e., donation drives, volunteer/member calls, etc?)    Yes    No

**Are you applying to volunteer as part of your school/workplace volunteer program or other group program?**    Yes    No

If so, what group or program? \_\_\_\_\_

Coordinator's Name: \_\_\_\_\_

Coordinator's Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Explain briefly why you wish to volunteer at the AIC:** \_\_\_\_\_

Referred by: \_\_\_\_\_ (circle: Friend / Relative)

Does this person work or volunteer at AIC? (Circle)    Works    Volunteers    Neither

I certify that all of the above information is correct. I understand the information I provided will be used only for AIC Volunteer purposes. I understand that some volunteer opportunities may require special certification, training or testing. I understand I will be notified of these special circumstances, and I will have the right to refuse them. I understand volunteering at AIC may be contingent upon completing and passing certain special certification, training or testing.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_