

# VOLUNTEER APPLICATION

The Program Support position is an opportunity to volunteer for Opportunity Knocks After Opps and related programs. The major tasks of this position include working under the supervision of staff to facilitate activities and working directly with participants to provide safety, motivation and a fun environment.

You must be at least 14 years of age to be considered for this position, submit to a criminal background check and be able to commit to a 5 or 4 week long schedule, the duration of one session. Additional information will be collected to conduct a criminal background check and to evaluate availability for each applicant during the interview portion of the screening process. View the calendar for specific program dates at: [www.opportunityknocksnow.org/calendar](http://www.opportunityknocksnow.org/calendar) Special arrangements for internship or field experience may be made upon prior consent; see 'Service Hours section of this application. Please direct all questions to Desiree Rivo, Coordinator of Volunteers, at: [desiree@opportunityknocksnow.org](mailto:desiree@opportunityknocksnow.org)

**OFFICE USE:** - -

## Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Best method of Contact: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_  Phone  Text  Email

Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No  
If you replied 'Yes' to the previous question, please explain: \_\_\_\_\_

How did you hear about this position? If applicable, please specify your relation to program participants, staff members or other associates of Opportunity Knocks. \_\_\_\_\_

## Experience and Interests

What is your highest level of education achieved?  Middle School  High School  Associates  Bachelors  
 Masters  Doctorates  Other: \_\_\_\_\_

Please use the following space to tell us about your experience with individuals who have developmental disabilities. If applicable, please list any previous paid or voluntary experience as well as special certifications that you feel is relevant to this position. \_\_\_\_\_

Select any of the interests, skills or hobbies below to help us assign you to activities:  Arts & Crafts  
 Sewing  Cooking  Woodworking  Technology  Fitness  Other: \_\_\_\_\_  
 Gardening  Music  Sports  Dance  Theater \_\_\_\_\_

May we contact you to volunteer for special program events or outings?  Yes  No

Would you like to be added to the Event Staff mailing list in order to receive more information on volunteer opportunities at special fundraising events (OK Chili Cook-Off, OK Classic, etc.)?  Yes  No



## Service Hours

Please select either of the following that may apply to you:

- I would like to volunteer to receive academic credit or field/internship experience.  
 I would like to volunteer for complete community service hours.

Referring agency: \_\_\_\_\_

## Reference

Please provide the name and contact information of 3 people who can speak of your character and work ethic. This person may be a professional or academic reference.

Name: \_\_\_\_\_ Phone: (    )    -    Email: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

What is your relationship to this person? \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (    )    -    Email: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

What is your relationship to this person? \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (    )    -    Email: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

What is your relationship to this person? \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

## Media Waiver

Do you give Opportunity Knocks permission to photograph you or take video recording without limitation to use such photographs/video to promote or advertise the services, programs and facilities of Opportunity Knocks as it deems fit, in its sole discretion, and without payment of consideration of any kind?  Yes  No

## Agreement

**I understand that I am not to be compensated in any form for any services I perform as a volunteer for Opportunity Knocks, Inc. I also understand that background checks will be made as a condition for volunteering.**

Please sign below to certify that the above statement and information you have provided is correct. Thank you!

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Opportunity Knocks**  
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Fax: (708) 771-8958

Website: [www.opportunityknocksnow.org](http://www.opportunityknocksnow.org)

