

Dove, Inc. Volunteer Application Form
Please return to: Dove, Inc., 302 S. Union, Decatur, IL 62522



Contact Information

Volunteer Information

Skills and Interests

Last Name (& Maiden Name)

First Name

Middle Initial

M or F

Date of Birth (must be over 18) MM/DD/YYYY

____/____/____

Street

City

Zip

County

Primary Phone Number

Backup Phone Number

Email Address

Emergency Contact Name

Relationship

Phone Number

Why do you want to volunteer at Dove?

Do you have any physical conditions that might limit your activities?

Please describe volunteer roles - working with youth, service clubs, faith and community groups. Please list organization, role and time frame.

Please list any special skills, interests, training, and/or education.

Please describe your present and/or previous work experience. List current or most recent first. Please list Employer, Job Title and time frame.

Personal References

Please list three persons, not related to you, who have knowledge of your qualifications.

Name _____

Phone _____

Address _____

Street _____

City _____

State _____ ZIP _____

Name _____

Phone _____

Address _____

Street _____

City _____

State _____ ZIP _____

Name _____

Phone _____

Address _____

Street _____

City _____

State _____ ZIP _____

Programs Areas of Interest

- Domestic Violence (upon completion of 40-hour certification, see below)
- BABES (requires specialized training, see below)
- Homeward Bound
- MAX
- Housing and Employability Program
- Special Events
- Fundraising
- Committees or Advisory Councils

RSVP - please use RSVP Enrollment Form

To apply for the BABES Program or the Domestic Violence Program, you will need to take or have taken specialized training. If you have not contacted staff, please call the Volunteer Director at 217.428.6616 to start the process. At training time, Staff will collect the following additional information. Other forms will also be completed.

DRIVER'S LICENSE NUMBER

AUTO INSURANCE COMPANY NAME

SOCIAL SECURITY NUMBER

Please Read and Sign

Applicant Statement for all Volunteer Areas

I affirm that the facts set forth in this application are true and complete. I authorize Dove, Inc. to investigate my background, including personal references, courts, police, social service agencies, and other persons or agencies with which I have had contact. I hereby give my consent for this information exchange and further authorize such persons or agencies to release any information requested by Dove, Inc.

I understand that this release of information will no longer be valid when I terminate my volunteer position or if I am not accepted as a volunteer.

If accepted, I agree to abide by the policies of Dove, Inc. given out at training(s).

Signature

Date