



A lifetime of partnership. A lifetime for growth.

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Dear Volunteer Applicant,

Thank you for your interest in volunteering your time with Connection of Friends. The successful implementation of our programming is dependent on our volunteers. By generously donating their time, volunteers help support our participants with structured programming to encourage socialization and growth.

Connection of Friends was created to provide structured programming for participants while encouraging socialization and growth. To ensure the safety and integrity of our program, all volunteers **must be 16 or older**. Once you have completed and returned your Volunteer Request Form, I will be contacting you for an interview to outline the specifics of our volunteer programming. Your listed references will also be contacted at that time and a background check conducted for those over 18 years of age. For your convenience, I have also included an overview of volunteer duties.

Please email the completed Volunteer Request Form to Alexis Zola, Program Leader at [azola@connectionoffriends.org](mailto:azola@connectionoffriends.org). If you are unable to email your form, please mail to the following address:

Terry and Ginny Kline  
1502 Coloma Place  
Wheaton, IL 60189

If you have any questions, please feel free to contact me at (630) 260-0922. I also encourage you to visit our website at [www.connectionoffriends.org](http://www.connectionoffriends.org) to learn more about us and our volunteer program.

Sincerely,

Alexis Zola  
Program Leader

Volunteering at Connection of Friends is a means to provide each participant with natural social modeling and opportunities to engage. Volunteers motivate our participants to use their developing social skills and offer support as they build a network of friends in the community. COF promotes independence in our participants and is not an organization that uses a hand-over-hand technique. Visual supports and communication devices are welcome to ensure that each participant is able to engage fully within the program and all volunteers will be trained prior to working with the participants.

Connection of Friends welcomes volunteers to communicate with staff regarding their own unique skill set, creativity, enthusiasm, and programming ideas. These qualities will work to further encourage our participants and create a fun environment for everyone.

### **VOLUNTEER EXPECTATIONS**

#### **In Program:**

- Present self in a neat, clean and professional manner at all times.
- Maintain a friendly attitude
- Be available by phone for any updates or changes regarding your program shift
- Be responsive to phone calls requesting back up
- Communicate all accidents/incidents to the Program Director and fill out an SIR (Special Incident Report)
- Set up and organize materials for programming (may entail physical set up)
- Implement programming indoors and outdoors
- Any other duties assigned by the Program Director or Program Leader

#### **With Participants:**

- Be responsible for the safety and participation of a group of participants by becoming actively involved with the participants in the program.
- Actively participate with the Program Director, Program Leader, and co-volunteers in the implementation of programming; such as cooking, art, music, gardening, crafts, cleaning and volunteering in the community
- Assist with organization and clean-up of activities
- Become knowledgeable of the specific needs of your participants.
- Assist and teach when/where needed, avoid performing an activity for the individual
- Encourage individuals to participate, develop friendships and socialize.

# Connection of Friends Volunteer Request Form

## Contact Information

Name	
Street Address	
City/Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	
Birthdate & Age	
Name of High School, College or Employer	

## Previous Volunteer Experience

1. Have you worked with individuals with special needs? YES NO

If yes, where?: \_\_\_\_\_

What was the nature of the special need? (autism or other) \_\_\_\_\_

Summarize any other previous volunteer experience.

## Previous Volunteer Experience Continued

2. How did you hear about Connection of Friends? \_\_\_\_\_

3. What are your reasons for wanting to volunteer? \_\_\_\_\_

\_\_\_\_\_

## Interests

Please list any special skills, training, sports experience and hobbies you have.

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## References

Please provide two references (Including one employer if possible and **no** immediate family).

Name	Relationship	Email	Phone

## Availability

Are you in need of service hours? YES NO If yes, how many?: \_\_\_\_\_ Major \_\_\_\_\_

Do you have transportation? YES NO

How many hours each week are you looking to volunteer? \_\_\_\_\_

We ask that volunteer hours remain consistent and that you commit for our 13-week session. *Example: I can commit to volunteering every Monday and Wednesday from 3-6pm and two Saturdays a month.* This is to help ensure our ability to provide consistent service to our participants.

Week-day programming has two options:

Wednesday: 3:00-6:00 pm

Thursday: 3:00-6:00 pm

Saturday Night Socials: 6:00-9:00 pm

Please mark your availability.

	Wednesday	Thursday	Saturday
3-6 pm			
6-9 pm			

If you marked that you are available on Saturdays, how frequently can you volunteer?

\_\_\_\_ Once a month

\_\_\_\_ Two Saturdays a Month

\_\_\_\_ Every Saturday

## Back Up List

COF has a Back Up List of volunteers that are called to see if they can fill in when scheduled volunteers cannot make it in due to sickness or emergencies. Would you be interested in being on the Back Up List?

\_\_\_\_ Yes, call me any day

\_\_\_\_ Yes, but only the days I am signed up for

\_\_\_\_ No, please do not call me to fill i

## Criminal History Check (if 18 years or older)

Connection of Friends will conduct a criminal history check of the volunteer applicant for the purpose of evaluating the suitability of being a COF volunteer.

As part of this Volunteer Request Form, please complete and return the attached Authorization for a Criminal History Check form.

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

Volunteer Applicant Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

I hereby authorize an agent of Connection of Friends, Inc. (“COF”) to obtain a criminal history check on me, for the purpose of evaluating my suitability for a volunteer position with COF in which I may have regular contact with special needs teenagers and adults.

I understand that although COF will use its best efforts to safeguard the information that I am providing to assist it with the criminal history check, such information will need to be seen by Terry and Ginny Kline in order to type or otherwise prepare and submit the necessary criminal history request. Furthermore, once a request for a criminal history check has been submitted, COF has no control over the functioning of the mail or the Internet, or over the entity processing the criminal history check. Accordingly, I hereby release COF and its representatives, officers, agents, directors and employees or its successors from any and all claims, demands, rights, causes of action of whatsoever kind or nature, present or contingent, which I may have or in the future may have, arising from the production of this information.

I acknowledge that the results of any criminal history check will not be disclosed to anyone other than COF’s President, Terry Kline and Executive Director, Sarah Donnelly without my permission.

I have carefully read this document, understand the contents and agree with the terms herein. Furthermore, I hereby certify that the information I have provided on this form is true.

**Please circle...** I want / I do not want to receive a copy of the report.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print your name: \_\_\_\_\_

I signed this form in the presence of the following witness:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print your name: \_\_\_\_\_