



A lifetime of partnership. A lifetime for growth.

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. 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 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 can engage fully.

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

We ask that volunteers fulfil their staffing commitment and avoid last minute cancellations. Please note that if a volunteer cancels a maximum of 2 times, then Connection of Friends reserves the right to discontinue the volunteer opportunity.

- Fulfill staffing commitment dates that are pre-arranged with the Program Leader
- Volunteers must be physically capable of handling all programming activities
- Present self in a neat, clean and professional manner
- Maintain a friendly attitude
- Be available by email for updates or changes regarding your program shift
- Be responsive to phone calls
- Set up and organize materials for programming (may entail physical set up)
- Implement programming
- 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
- 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 Application

Contact Information

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

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 volunteers fulfil their staffing commitment and avoid last minute cancellations. Please note that if a volunteer cancels a **maximum of 2 times**, then Connection of Friends reserves the right to discontinue the volunteer opportunity.

Week-day programming has two options:

Wednesday: 3:00-6:00 pm (Arrival time is 2:55 pm)

Thursday: 3:00-6:00 pm (Arrival time is 2:55 pm)

Saturday Night Socials: 6:00-9:00 pm (Arrival time is 5:30 pm)

Please mark your availability.

Programming Day	Available to Volunteer
Wednesday—2:55-6:00 pm	
Thursday—2:55-6:00 pm	
Saturday Night Socials—5:30-9:00 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 in

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: _____