

## **Elk Grove Township Volunteer Application**

Applicant Information							
Name:	Last	First	Date: <i>M.I.</i>				
Address:	Street Address			Apartment/Unit			
	City		State	ZIP Code			
Phone:		Email:					
Position A	applied for:						
YES NO		he Township?					
YES NO		of a felony?					
		References					
Please lis	t two references.	Helefelloes					
Name: Company Address:			Phone:				
A .1 .1	:						

Employment							
	Are you currently wo	rking? Yes 🗖	No 🗖				
	Current or most rece	nt employment:					
Company: Address:				Phone:			
Job Title:							
Responsibilities:							
From:	To:		Reason for Leaving:_				
May we contact your previous supervisor for a YES NO reference?							
		Military	Service				
Branch:			From:	To:			
Rank at Discharge	:		Type of Discharge:				
If other that explain:	n honorable,						
		Availa	bility				
When are voi	u able to work?		Are vou able	and willing to lift?			
Monday Tuesday Wednesday Thursday Friday Saturday	Morning Aftern Morning Aftern Morning Aftern Morning Aftern Morning Aftern Aftern Aftern	oon oon oon	Up to 10 lbs Up to 25 lbs up to 50 lbs				
The best way	to reach me is: Phone	e Email					
Are you willing to occasionally fill in as a "sub" if someone is sick or unable to make their shift? If yes, is it OK to share your phone number with other volunteers so they can contact you?							
Disclaimer and Signature							
I certify that my answers are true and complete to the best of my knowledge.							
If this application leads to a volunteer position, I understand that false or misleading information in my application or interview may result in my release.							
Signature:				Date:			