



Horizons for Youth
Scholarship Mentoring Community

Volunteer Profile Form

For office use only:

Date Received: ___/___/___
 Database Entry Date: ___/___/___
 References Checked: ___/___/___
 Interview Date: ___/___/___
 Background check: ___/___/___

Please Print:
 Name: _____
 Social Security Number: _____
 Driver's License Number: _____
 Birthday: _____
 How did you hear about Horizons for Youth?

Home Information:

Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Cell Phone Number: _____
 Secondary Phone Number (please describe): _____
 Email Address (where you prefer to be contacted): _____

Work Information:

Occupation: _____
 Employer: _____ Parent Company: _____
 Work Address: _____
 City: _____ State: _____ Zip Code: _____
 Work Telephone Number: _____ Fax Number: _____

Does your company have an employee-matching program? Yes No
 Does your company have a foundation? Yes No

Where do you prefer to be contacted? Home Work
 Can we contact you at work? Yes No
 Do you have a car? Yes No
 Do you have an age preference with whom you'll be matched?
 If you have an age preference, please indicate: _____

Areas of Interest:

Please mark the Volunteer Opportunities that interest you:

- Big Sibling Surrogate Big Sibling Young Professionals Board

TELL US ABOUT YOU!!!

Have you volunteered before (outside of Horizons for Youth)? If yes, please explain.

Why is now a good time for you to start volunteering? What other things are going on in your life?

What would you consider the ideal volunteer job for you?

Are there types of people that you feel you'd be unable to work with?

Why are you interested in doing volunteer work with children?

What are your expectations of the relationship you will have with the parent(s) of your Little Sibling?

Do you have any special skills or hobbies [language(s), training, artistic or musical skills]?

Describe your greatest achievement or something you have done that has given you great satisfaction.

How would you describe yourself, or how would your close friends describe you?

Declaration of Convictions or Pending Criminal Actions

Horizons for Youth is a volunteer organization serving children. Often we are working directly with the children and we must ask you to provide the following information. Please respond even if you do not anticipate volunteering with the children at this time. Thank you for your cooperation.

List below all convictions for violation of law (other than traffic violations) in this state or elsewhere, and all charges currently pending anywhere. **If none, write "NONE."**

Date of Conviction: _____

Offense: _____

Court & Location: _____

Disposition and Penalty:

Child Abuse and Maltreatment Background Information

Are you the subject of an indicated child abuse and maltreatment record on file in any state?

_____ Yes _____ No

If "yes" please provide date(s), description(s) and explanation(s) of incident(s).

Have you ever been terminated, suspended, placed on probation, reprimanded, or otherwise penalized by an employer for child abuse and/or maltreatment in this state or elsewhere?

_____ Yes _____ No

If "yes" please provide date(s), description(s) and explanation (s) of incident(s).

I will allow Horizons for Youth to undertake a background check to confirm the above information.

_____ Yes _____ No

Declaration

I declare that all the statements I have made in this screening summary are true, correct and complete to the best of my knowledge.

Signed: _____ Date: _____

HORIZONS FOR YOUTH

Volunteer's Informed Consent

I understand that as a volunteer with Horizons for Youth, I will be volunteering my services in various capacities. I understand that the nature of the volunteer activities which are typically performed by Horizons for Youth volunteers, and which may be performed by me as a Horizons for Youth volunteer, may involve physical activity, contact with unidentified and unfamiliar persons, travel to and from various unspecified locations and other potential risk of injury. Knowing this, I still wish to volunteer and hereby assume the risk. With respect to any liability of Horizons for Youth for such risks, including any accident or injury to person or property which I may sustain in connection with my participation as a Horizons for Youth volunteer, I hereby release and indemnify Horizons for Youth and any of its directors, officers, employees, partners, affiliates, agents and successors from any and all liability or responsibility for any such accidents or injury.

Signature: _____

Print name: _____

Date: _____

Contacts and References

Emergency Contact

Name: _____

Relationship: _____

Phone: Daytime _____ Evening _____

Please list two references (NON-RELATED)

1. _____
Name, Phone, Relationship, Best time to call. *Please circle: Work or Home Number*

2. _____
Name, Phone, Relationship, Best time to call. *Please circle: Work or Home Number*

Please Mail, Fax or Email To:

Bobby Capulong
Volunteer Coordinator
Horizons for Youth
703 W. Monroe
Chicago, IL 60661
bobby@horizons-for-youth.org
Fax: (312) 627-9033 | Tel: (312) 627-9031

[to be completed by Big Sibling candidates]



Big Sibling Personal Interest Survey

Name: _____ Birthday: _____

Phone #: _____ Best time to call: _____

Name of School: _____

Favorite Subject(s): _____

Occupation: _____

Best part of job: _____

Why? _____

What are your hobbies and interests (if possible, please be specific!)?

What 3 things would you like your Little Sibling to know about you?

1. _____

2. _____

3. _____

Please remember to enclose a photo of yourself for your new Little Sib!