



ELIM[®]
christian services
Volunteer Application

Application date: _____

Type: ___intern___observer___volunteer___other

Last Name

First Name

Middle Name

Address

City

State

Zip Code

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()

Telephone Number

Alternate Telephone Number

Email Address

Emergency Contact/Parent Name

Relationship

Phone Number

Date of Birth:

Gender: Male

Female

School/employer:

Highest grade or degree completed:

Area of Study

Required # of hours or weeks:

Days and times available:

Please list your skills/career training/interests/hobbies:

Character Reference:

Name

Relationship to you

Phone #

Please email to:

Stacey DeGroot – sdegroot@elimcs.org

Elim Christian Services

13020 S. Central Ave

Palos Heights, IL 60463

For Office Use Only

From: _____ *To:* _____
(Dates Expected on Campus)

Volunteer Activity/Placement

Assigned Supervisor