



**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:      K – 5<sup>th</sup> \_\_\_ 6<sup>th</sup> – 8<sup>th</sup> \_\_\_ High School \_\_\_

**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.

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

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What would you consider the ideal volunteer job for you?

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

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Why are you interested in doing volunteer work with children?

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

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

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

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

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## 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:

Susie Morales  
Volunteer Coordinator  
Horizons for Youth  
703 W. Monroe  
Chicago, IL 60661  
[susana@horizons-for-youth.org](mailto:susana@horizons-for-youth.org)  
Fax: (312) 627-9033 | Tel: (312) 627-9031