

**HENRY HYDE RESOURCE CENTER  
VOLUNTARY STAFF EMPLOYMENT  
APPLICATION**



*DATE* \_\_\_\_\_

*NAME*

*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle Initial* \_\_\_\_\_

*ADDRESS* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

*SEX* *F* \_\_\_\_\_ *M* \_\_\_\_\_ *ETHNIC BACKGROUND* \_\_\_\_\_

*DATE OF BIRTH* \_\_\_\_/\_\_\_\_/\_\_\_\_

*TELEPHONE NUMBERS*

*Home* \_\_\_\_\_ *Cell* \_\_\_\_\_

*PRESENT EMPLOYER* \_\_\_\_\_

*PRESENT OCCUPATION* \_\_\_\_\_

*EMERGENCY CONTACT*

---

<i>Name</i>	<i>Telephone Number</i>	<i>Relationship</i>
-------------	-------------------------	---------------------

*Please indicate below what days/times you would be available.*

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

*List any relevant experience/training you have had that qualifies you to serve as a voluntary staff member.* \_\_\_\_\_

\_\_\_\_\_

*Who recommended you to the Resource Center?* \_\_\_\_\_

*What do you feel are some of the problems the community and its youth are facing today?*

\_\_\_\_\_

\_\_\_\_\_

*Please share your perceptions on why a person would choose to abuse alcohol and other drugs or become involved with a gang.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Have you ever been arrested or convicted of any misdemeanor or felony? Yes\_\_\_\_\_ No\_\_\_\_\_*

If yes, please explain including date, charge and outcome.

\_\_\_\_\_

\_\_\_\_\_

**Henry Hyde Resource Center**  
**Volunteer Agreement**

The following guidelines have been developed to ensure that all staff understands what is expected of them. Any questions regarding these guidelines will be addressed during the volunteer training provided by the Program Director.

All staff is required to

1. Attend staff training as requested.
2. Adhere to, actively support and administer Center rules.
3. Bring any concerns to the attention of the Site Coordinator and/or Program Director.
4. Encourage behavior on the part of Center participants and co-workers that will contribute to the overall atmosphere of trust, leadership and cooperation essential to the implementation of the Center's goals.
5. BE FLEXIBLE!

-----

I understand and hereby authorize the Addison Police Department to search any law enforcement database in order to conduct a complete background investigation.

*Applicant Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

## **ACKNOWLEDGEMENT OF MANDATED REPORTERS STATUS**

I, \_\_\_\_\_, understand that as an employee/volunteer of the Henry Hyde Resource Center I will become a mandated reporter under the Abused and Neglected Child Reporting Act (Ill. Rev. Stat. 1985, Ch. 23, Pars. 2051 et seq.). This means that I am required to report or cause a report to be made to the Child Abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24 hours per day, 7 days per week and 365 days per year.

I further understand that the privileged quality of communication between me and any student at the Psychologist Registration Act, the Social Workers Registration Act, the Dental Practices Act, the School Code Act or the Act to regulate the practice of Podiatry, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements which apply to me under the Abused and Neglected Child Reporting Act.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## **VERIFICATION THAT VOLUNTEER HAS NOT ABUSED A CHILD**

As indicated in Public Act 86-313, the Addison Police Department requires that all employees/volunteers who serve on staff at the Henry Hyde Resource Center sign the following disclosure:

I, \_\_\_\_\_, have never been convicted of, or charged with, an offense involving intentional infliction of physical injury upon a child, sexual abuse of a child or child abduction under the laws of this State or any other state of the United States.

Date \_\_\_\_\_ Signature \_\_\_\_\_