



# Volunteers 4 Lisle Application



**The Village of Lisle appreciates your interest  
in serving and commends your volunteer spirit.**

Please complete this application in its entirety, otherwise it cannot be processed.  
If a question or section does not apply, please enter "N/A"

**PLEASE PRINT IN BLACK OR BLUE INK**

## PERSONAL INFORMATION

Last Name:	First Name:	M.I.	Suffix:
Home Address:	City:	State:	Zip Code:
Home Phone Number:	Email Address:		
Cell Phone Number:	Other Names Used (including maiden name):		

## LICENSES, CERTIFICATIONS & SPECIAL TRAINING

Professional License or Certificate:	Issued By:	Expiration Date:
Professional License or Certificate:	Issued By:	Expiration Date:
Professional License or Certificate:	Issued By:	Expiration Date:
Professional License or Certificate:	Issued By:	Expiration Date:

## REFERENCES

List four (4) individuals you have known for at least five (5) years. **DO NOT USE FAMILY OR RELATIVES AS REFERENCES**

1	Name:	Address:	
	Phone Number:	City:	State & Zip Code:
2	Name:	Address:	
	Phone Number:	City:	State & Zip Code:
3	Name:	Address:	
	Phone Number:	City:	State & Zip Code:

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### REFERENCES (continued)

4	Name:	Address:	
	Phone Number:	City:	State & Zip Code:

### EDUCATION BACKGROUND

Please circle highest grade completed	
High School    1   2   3   4	College    1   2   3   4   5   6   7   8
High School(s) Attended:	College(s) Attended:
1)	1)
2)	2)
3)	3)
4)	4)

### SPECIAL SKILLS & ABILITIES

### LANGUAGE SKILLS

Language:	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
Language:	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
Language:	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
Sign Language:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### MILITARY EXPERIENCE

Military Service Branch:	Rank or Rating:	Date Entered Service:	Discharge Date:
Type of Discharge:			

### CURRENT EMPLOYMENT HISTORY

Are You Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	What Year Did You Retire?	
Current Employer		
Date Hired:	Phone Number:	Occupation or Job Title:
Complete Business Address:		

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### PREVIOUS EMPLOYMENT HISTORY

1) Previous Employer(s) in the past five (5) years:			Occupation or Job Title:
Date Hired:	Date Employment Ended:	Reason for Leaving:	
Complete Business Address:			Phone Number:
2) Previous Employer(s) in the past five (5) years:			Occupation or Job Title:
Date Hired:	Date Employment Ended:	Reason for Leaving:	
Complete Business Address:			Phone Number:
3) Previous Employer(s) in the past five (5) years:			Occupation or Job Title:
Date Hired:	Date Employment Ended:	Reason for Leaving:	
Complete Business Address:			Phone Number:
4) Previous Employer(s) in the past five (5) years:			Occupation or Job Title:
Date Hired:	Date Employment Ended:	Reason for Leaving:	
Complete Business Address:			Phone Number:
5) Previous Employer(s) in the past five (5) years:			Occupation or Job Title:
Date Hired:	Date Employment Ended:	Reason for Leaving:	
Complete Business Address:			Phone Number:

### SECURITY CLEARANCE

Do you currently have a security clearance issued by a civilian or military branch of the Federal Government?	
<input type="checkbox"/> Yes <input type="checkbox"/> No    Issuing Agency:	
Have you ever had a civilian or military security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No    Issuing Agency:	
Was your security clearance ever revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No    Reason:	

### PLEASE TELL US ABOUT YOU

Please briefly state why you wish to volunteer your time to the Volunteers 4 Lisle program. (Use another sheet if necessary) <b><i>This question must be answered.</i></b>
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## PLEASE TELL US ABOUT YOU (continued)

Please list any volunteer experience, community activities, training workshops, special areas of study, or research and internships:

What type of position do you prefer?     Office Setting     Active Position     Either     Both

What are your hobbies and interests?

## AVAILABILITY

What days are you available?

Sunday     Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Holidays

What hours of the day are you available?

How many hours per week are you available?

## EMERGENCY CONTACT INFORMATION

Name:

Address:

Relationship:

Daytime Phone Number:

Evening Phone Number:

Remainder Of This Page Is Intentionally Blank



## Volunteers 4 Lisle Application

### TERMS AND SIGNATURE

I, \_\_\_\_\_, hereby authorize the Village of Lisle or any consumer reporting agency, or other outside service companies engaged by the Village of Lisle, now or subsequently, to obtain, prepare, use and furnish information concerning my background and qualifications for the purposes of evaluating whether I am qualified for the position for which I am applying. I understand that this investigation may include information concerning my driving record, civil and criminal court records, credit, education, credentials, identity, current and previous employment and references. Pursuant to the provisions of the Illinois Personnel Record Review Act, I hereby waive written notice from my current employer and/or any previous employers and authorize them to release information regarding any disciplinary actions taken against me within the past four years. I hereby release the Village of Lisle and its agents, officials, representatives, employees, and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, and responsibilities with regards to the information obtained from any and all of the reference sources used.

Signature:	Date:
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After completing this Application Form, please send it to the Program Coordinator by one of the following methods:

1. Email the signed application to [rwilke@villageoflisle.org](mailto:rwilke@villageoflisle.org).
2. Drop-off the application at the Lisle Police Department.
3. Mail the application to:
 

Ron Wilke  
 V4L Program Coordinator  
 Lisle Police Department  
 5040 Lincoln Avenue  
 Lisle, IL 60532

**Applicant - Do Not Write Below This Line**

### Official Use Only

Application Received:	1 <sup>st</sup> Interview:	Results:
2 <sup>nd</sup> Interview:	Results:	
Application Forwarded To Detectives:	Background Check Completed:	Results:
Drug Screen Scheduled:	Drug Screen Date:	Results:
Offer Made:	Accepted:	Orientation: