



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:

Volunteers 4 Lisle Application

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:		

Volunteers 4 Lisle Application

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?
 Yes No Issuing Agency: _____

Have you ever had a civilian or military security clearance? Yes No Issuing Agency: _____

Was your security clearance ever revoked? Yes 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)
This question must be answered.

Volunteers 4 Lisle Application

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



Authorization for Background Information

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.

The following information is true and correct to the best of my knowledge:

Legal Name: _____

Other Names Used: _____

Date of Birth: _____ Social Security #: _____

Current Address: _____

How long have you lived here? _____

Previous Address: _____

How long did you live there? _____

Current Telephone Number: _____

Email Address: _____

Drivers License #: _____ State of Issue: _____

Signature: _____ Date: _____

Volunteers 4 Lisle Application

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

1. Email the signed application to: ebikulcius@villageoflisle.org
2. Drop-off the application at the Lisle Police Department – Attn: Ed Bikulcius
3. Mail the application to: Ed Bikulcius
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 st Interview:	Results:
2 nd Interview:	Results:	
Application Forwarded To Detectives:	Background Check Completed:	Results:
Drug Screen Scheduled:	Drug Screen Date:	Results:
Offer Made:	Accepted:	Orientation: