



## Volunteer Interest From

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**email** \_\_\_\_\_

### Volunteer Opportunities

Please share ways that you'd like to help Skyline Village Chicago in several different areas.

#### **Member Services** (members helping members)

Please check those ways to help members that you would like to do:

<b>Area to help</b>	<b>Your time flexibility</b>		
Grocery Shop-(with or without SVC member) .....	Daily	Weekly	As needed
Meal preparation-(with or without SVC member) .....	Daily	Weekly	As needed
Pick up and deliver prescriptions.....	Daily	Weekly	As needed__
Accompany to a medical or dental appointment .....	Daily	Weekly	As needed__
Help order books on line, pick up at Water Tower Library, and deliver.....	Daily	Weekly	As needed__
Visit a member who would like to have company at home, hospital, or rehab facility .....	Daily	Weekly	As needed__

**- Please turn this over for additional opportunities -**



VOLUNTEER  
FORM

**Skyline Village Volunteer Opportunities**

Please share which of these activities that you can help with and indicate your area of expertise.

<b>Area to help</b>	<b>Your area of expertise</b>
Technological help (computer, DVR, iPhone, etc.)	_____
Technological Expertise	_____
Coordinate and manage events	_____
Legal Issues	_____
Insurance Issues	_____
Newsletter Writing	_____
Office Skills – Computer assistance (Excel, Word)	_____

**Cultural, Sports, and Other Personal Interest Areas**

If you have any hobbies, cultural and sport activities, please list which of those you'd be interested in finding others to share.

<b>Personal Interest Area</b>	<b>Your special interest</b>
Cultural	_____
Crafts	_____
Sports	_____

Our volunteers will not be asked to provide transportation, but may accompany members to appointments at the requesting member's expense.

For the protection of our members, the insurance policy for Skyline Village Chicago requires a background check. The Bureau of Identification form is enclosed.

*For more information contact Skyline Village Chicago*  
P.O. Box 81334, Chicago, IL 60681  
Nancy Almquist 312-337-7671 or Barbara Kite 312-664-6520