

**Mission: Honoring the Past, Celebrating the Present and Inspiring the Future**

**Volunteer Application**

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and is designed specifically to will help us identify volunteer opportunities that will not only be appropriate for you but also personally satisfying.

Thank you for your interest in our organization.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Employment \_\_\_\_\_ Position: \_\_\_\_\_

Please identify and/or list any experience you have had volunteering with a non-profit organization.

Share any special talents or skills you have that you feel would benefit our organization?

\_\_\_\_\_

Interests: Please tell us in which areas you are interested in volunteering:

- \_\_\_\_\_ Administration
- \_\_\_\_\_ Technology Team
- \_\_\_\_\_ Event Planning
- \_\_\_\_\_ Programs
- \_\_\_\_\_ Workshop/Forum Presenter
- \_\_\_\_\_ Fundraising
- \_\_\_\_\_ Newsletter Editor
- \_\_\_\_\_ IBHOF Advisory Board Member
- \_\_\_\_\_ Illinois Black History Research
- \_\_\_\_\_ Public Relations
- \_\_\_\_\_ Social Media
- \_\_\_\_\_ Finance
- \_\_\_\_\_ Production/Photography/Videography
- \_\_\_\_\_ Congratulatory Souvenir Advertisement Coordinator
- \_\_\_\_\_ Grant Writing
- \_\_\_\_\_ Golf Tournament Planner
- \_\_\_\_\_ Other: Please Identify \_\_\_\_\_

Please indicate days available for virtual/Zoom Meetings: Mon Tues Wed Thurs Fri  
Sat

Times available: From \_\_\_\_\_ to \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

As a volunteer of the Illinois Black Hall of Fame, I agree to abide by the organization's policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees, and affiliates, cannot assume any responsibility for any liability due to any accident, injury, or health problem which may arise from any volunteer work I perform for the organization, I agree that all the work I do is on a volunteer basis and that all work product is the exclusive property of the organization.

Please complete and email this volunteer form to [ibhof2020@gmail.com](mailto:ibhof2020@gmail.com). Should you have questions, call (708) 402-8334. We're looking forward to you becoming a member of the Illinois Black Hall of Fame.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_