

ATTORNEY GENERAL LISA MADIGAN'S
SENIOR SLEUTHS

VOLUNTEER APPLICATION FORM

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

PHONE _____ FAX _____ EMAIL _____

DATE OF BIRTH _____

GENDER: M F
(CIRCLE ONE)

PLEASE PUT A CHECK NEXT TO ANY OF THE PROJECTS IN WHICH YOU ARE INTERESTED IN PARTICIPATING:

___ COLLECTING MAIL/KEEPING
PHONE LOG

___ PARTICIPATING IN ANTI-FRAUD
ROLE-PLAYING PRESENTATION

___ DISTRIBUTING MATERIALS

___ SPEAKING TO GROUPS ABOUT
CONSUMER FRAUD

___ HOLDING "OFFICE HOURS" AT A
COMMUNITY FACILITY

___ HELP IDENTIFY RECALLED &
UNSAFE PRODUCTS

WHEN ARE YOU AVAILABLE TO VOLUNTEER?

TIME OF DAY _____

DAY(S) OF THE WEEK _____

HOW OFTEN PER MONTH? _____

ARE YOU ABLE TO PROVIDE YOUR OWN TRANSPORTATION? YES No

All information provided on this form will be kept confidential and will be used only in connection with the Senior Sleuth Project.

RELEVANT EMPLOYMENT/VOLUNTEER EXPERIENCE _____

DO YOU HAVE EXPERIENCE WORKING WITH THE PUBLIC? IF YES, PLEASE DESCRIBE.

OTHER SKILLS THAT YOU THINK MIGHT BE USEFUL TO THE PROJECT _____

WHAT ATTRACTED YOU TO PARTICIPATING IN THE SENIOR SLEUTH PROJECT?

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
IF YES, PLEASE EXPLAIN. _____

I HEREBY ATTEST THAT THE ABOVE
INFORMATION IS TRUE TO THE BEST
OF MY KNOWLEDGE.

SIGNATURE

TODAY'S DATE

PLEASE SEND COMPLETED FORM TO:
OFFICE OF THE ATTORNEY GENERAL
500 S. SECOND ST.
SPRINGFIELD, IL 62706
ATTN: ERIN RUEBBELKE

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