Webster-Cantrell Hall

1942 E. Cantrell Street

Decatur, IL 62521

APPLICATION TO VOLUNTEER/INTERN

		Date:	
Personal Infor	mation_		
Name:			
Social Security	Number:	Phone:	
Address:			
Emergency Co	ntact:	Phone:	
			Female:
Drivers License	e#:	State:	
List Any Frience	ds or Relatives working or vo	olunteering here:	
E-T			
Have you ever	worked or volunteered here	e? Yes: No:	
Specify days ar	nd hours available:		
Personal Refe	rences		
Name	Occupation	Address	Phone #
			HAVE DDEDARED VOLLTO
	RIBE ANY SKILLS, EXPERIENCE NTERN IN A CHILD WELFARE		HAVE PREPARED 100 TO
,			

1942 East Cantrell Street - Decatur, Illinois - 62521

Phone: 217-423-6961

APPLICATION FOR EMPLOYMENT

STATISTICAL INQUIRY FORM

THIS INFORMATION IS ANONYMOUS AND CONFIDENTIAL

TO APPLICANT:

THE CIVIL RIGHTS ACT OF 1964, THE CIVIL RIGHTS ACT OF 1991 (PUB. L. NO.102-166), AND THE ILLINOIS HUMAN RIGHTS ACT (ILL. REV. STAT. CH 68, PARA. 1-101 TO 9-02) TOGETHER PROHIBIT DISCRIMINATION IN EMPLOYMENT OR THE APPOINTMENT OF VOLUNTEERS, BECAUSE OF FACTORS RELATED TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, ANCESTRY, AGE, MARITAL STATUS, PHYSICAL OR MENTAL HANDICAP, OR UNFAVORABLE DISCHARGE FROM MILITARY SERVICE. ADDITIONALLY THE REHABILITATION ACT OF 1973 AND THE AMERICANS WITH DISABILITIES ACT OF 1990 (ADA) PROHIBIT DISCRIMINATION ON THE BASIS OF DISABILITY.

HOWEVER, THE FOLLOWING STATISTICAL INFORMATION IS NECESSARY TO COMPLETE EQUAL OPPORTUNITY EMPLOYMENT REPORTS THAT WEBSTER-CANTRELL HALL MUST SEND TO THE STATE OF ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES. THEREFORE, PLEASE COMPLETE THIS FORM BY PLACING A CHECK IN FRONT OF ALL CRITERIA WHICH APPLY TO YOU, AND SUBMIT IT TO THE RECEPTIONIST SEPARATELY FROM YOUR COMPLETED APPLICATION FORM. THANK YOU.

GENDI	ER:	BILINGUAL:	
	MALE:	YES:	
	FEMALE:	NO:	
RACE:		HANDICAPPED OR DISABLED:	
	CAUCASIAN:	YES:	
	HISPANIC OR LATINO:		
	AMERICAN INDIAN:	NO:	
	ASIAN:		
	BLACK OR AFRICAN AMERICAN: NATIVE HAWAIAAN OR OTHER PACIFIC ISLANDER:		
	TWO OR MORE RACES:		