



Greetings Future Volunteer!

Thank you so much for your inquiry about volunteering with Pink Lemons! We have a lot of exciting events and volunteer opportunities in the months ahead and we could use your help to make them a success. Only with the help of volunteers like you, can we continue to do the work we do. As a volunteer your contribution is priceless.

Volunteers are essential to the Pink Lemons and are needed in many different departments. In Education, volunteers assist visitors for various programs, workshops and serve as tour guides for groups. In Visitor Services volunteers are needed as greeters and to staff membership tables at on-site and off-site events. In Theatre, volunteers serve as ushers and coat checkers at events, in concessions and at information tables. These are just a few of many volunteer opportunities to choose from. Because we are a youth mentoring organization, all volunteers must undergo a background check and to participate as a Volunteer or workshop facilitator.

Please complete the enclosed volunteer application. If you have any questions, please call (630) 433.7607 or email me at [Vanette@pinklemons.org](mailto:Vanette@pinklemons.org) with any questions.

Kind Regards,

*Vanette Rhodes*

Vanette Rhodes  
Director of Volunteer Services

**VOLUNTEER APPLICATION**

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

Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Email Address: \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:** \_\_\_\_\_  
(Name) (Relationship)

Phone #: \_\_\_\_\_

Do you have any medical conditions that you feel we should know about? Yes  No

If yes, please explain: \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

High School  College  Graduate School

Other: \_\_\_\_\_

Area of Study: \_\_\_\_\_

Foreign Language (specify only if fluent): \_\_\_\_\_

**EMPLOYMENT BACKGROUND:**

Most Recent Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

**REFERENCES:**

(1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**VOLUNTEER EXPERIENCE:**

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**AVAILABILITY:**

I would like to volunteer my services in the following area(s): (You may select more than one.)

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Education    | <input type="checkbox"/> Business         |
| <input type="checkbox"/> Curatorial     | <input type="checkbox"/> Museum Store | <input type="checkbox"/> Communication    |
| <input type="checkbox"/> Development    | <input type="checkbox"/> Theater      | <input type="checkbox"/> Customer Service |

I would prefer assignments on the following day (s): (You may select more than one.)

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I would prefer assignments during the following time period (s): (You may select more than one.)

- WEEKDAYS:  Morning  Afternoon  Evenings
- WEEKENDS:  Morning  Afternoon  Evenings

**INTERESTS:** (Check as many as you like)

- |   |  |   |                                       |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Children Program | <input type="checkbox"/> Docent (Tour Guide) | <input type="checkbox"/> Training         | <input type="checkbox"/> Marketing    |
| <input type="checkbox"/> Exhibition       | <input type="checkbox"/> Museum Store        | <input type="checkbox"/> Visitor Services | <input type="checkbox"/> Fundraising  |
| <input type="checkbox"/> Special Events   | <input type="checkbox"/> Archives            | <input type="checkbox"/> Theater          | <input type="checkbox"/> Collection   |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Education           | <input type="checkbox"/> Outreach         | <input type="checkbox"/> Preservation |

**SPECIAL SKILLS:**

- |   |  |                                   |  |
|---|--|-----------------------------------|--|
| <input type="checkbox"/> Art            | <input type="checkbox"/> Spreadsheets    | <input type="checkbox"/> Graphics | <input type="checkbox"/> Office Assistance |
| <input type="checkbox"/> Photography    | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Research | <input type="checkbox"/> Data Entry        |
| <input type="checkbox"/> Sign Language  | <input type="checkbox"/> Teaching        | <input type="checkbox"/> Typing   | <input type="checkbox"/> Writing           |
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Storytelling    | <input type="checkbox"/> Greeting | <input type="checkbox"/> Filing            |

**Reason(s) for wanting to volunteer with Pink Lemons:**

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REQUIRED ADDITIONAL INFORMATION

A copy of your current resume (if you do not have a resume, please submit a short biographical statement); your application will be considered incomplete without it.

VOLUNTEER AGREEMENT:

As a member of the professional unpaid staff, I agree to:

- Commit to one year of service and a minimum of 8 hours per month.
- Attend Quarterly Volunteer Meeting.
- Represent Pink Lemons at all times in an appropriate and responsible manner.
- Be prompt and reliable in reporting for assignments, tours, meetings, and training sessions.

Volunteer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mail or fax to:

Attn: Volunteer Services  
Pink Lemons, NFP  
1200 W. 35<sup>th</sup> Street, #337, Chicago, IL 60609  
(630) 433-4204 (phone)

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(Office use only)

DATE INTERVIEWED: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

TRAINING DATE: \_\_\_\_\_ START DATE: \_\_\_\_\_