



Volunteer Project/Interest Application

Date: ___/___/___

Name:
Home address:
If Streamwood resident; length of residency:
Best phone # to reach you:
Email address:

Purpose of Volunteer Hours/Request
<input type="checkbox"/> To benefit the community
<input type="checkbox"/> Fulfillment of organizational requirements (Eagle Scout Project, Scout award or badge, school requirement, etc.) Please list name of organization:
<input type="checkbox"/> Other reason, please specify below (please note, the Village does not provide opportunities for fulfillment of court-required community service hours)
Estimated number of volunteer hours to be completed:
Specific timeframe requested: (if necessary)
Specific project idea: (attach another sheet if necessary)
If you do not have a specific project idea, please list areas of interest so the Village can help align possible community projects to you.

For general community volunteering, please check any opportunities you are interested in:

- | | |
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| <input type="checkbox"/> Community Blood Drive (held 5 times/year) | <input type="checkbox"/> Luminaria Lighting (First Friday evening in December) |
| <input type="checkbox"/> Community Relations Commission Events | <input type="checkbox"/> Summer Celebration (3 days/Last weekend in July) |
| <input type="checkbox"/> Luminaria Assembly (November) | <input type="checkbox"/> Veterans Memorial Commission Events |

Applicant Signature: _____

Please return completed application to:
Village of Streamwood, Attention: Village President
301 E Irving Park Road, Streamwood, IL 60107
mayor@streamwood.org

Please note the Village does not provide liability or medical coverage should you, or any member of your group, become injured while volunteering for the Village. Volunteers may be asked to sign a hold harmless agreement.