

focus house

Friends Of Children Under Supervision

Dear Future Volunteer,

Thank you for your interest in becoming a Focus House Volunteer. There are a few steps you will need to take before you will be able to begin working with the youth at Focus House.

First, you will need to fill out the volunteer application form and return it to Focus House. You will then be contacted by Linda Keilman, the associate Director of Focus House, to set up a time to discuss the volunteer program.

You must have a medical report filled out and returned to Focus House. The medical form can be completed by your doctor or we have a doctor that would be able to see you. If you would like to have the form completed by our doctor you will need to discuss this with Linda and she can help schedule an appointment.

Finally, you must be fingerprinted due to the work we are involved in. The agency we use is the Sheriff's Department located at the Ogle County Jail, 105 S. 5th St., Oregon, IL. After arriving at the jail go to the front office, ring the buzzer and explain you are a volunteer at Focus House and must be fingerprinted. The best hours to do this is between 10 and 11 a.m. or 1 to 3:30 p.m., Monday through Friday. Although you do not need an appointment I would suggest you call (815) 732-2135 to assure you can be seen. You will be asked an ORI# which is IL 071013 G. You will also need a picture I.D.

In advance, I appreciate your commitment to the program and our children.

Thank you,



Matt Mekeel
Director of Focus House

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FOCUS HOUSE VOLUNTEER PROGRAM ENROLLMENT APPLICATION

Volunteer Name _____ Female Maiden _____

DOB _____ SS# _____ EMPLOYER _____

ADDRESS _____ CITY _____ Zip _____

TELEPHONE:

Home _____ Work _____ Cell _____

FAMILY INFORMATION

- Married
- Single
- Divorced
- Widowed

SPOUSE (Name) _____

CHILDREN (Include name, sex, age)

Please indicate all areas that apply to you and indicate availability. Add any pertinent information.

- Outing (2-4 hours)
 - Weekdays (*Afternoon/Evenings*)
 - Weekends
- Day Passes (*Sat./Sun.*)
- Weekend overnight passes
- Rides to meetings, Court, Etc. (*Days or Evenings*)
- Mentor (*Days or Evenings*)
- Tutor (*Days or Evenings*)
- AA/NA (*Will take a resident to meetings*)
- Special Events
- Other _____

With what type of residents would you like to volunteer?

- Main House Boys
- Annex Girls
- Farm Boys

Do you have any arrests, convictions, or felonies including DUI? If yes please explain.

Do you have a valid Illinois Driver's license?

How did you become interested in the Focus House Volunteer Program?

What special hobbies, interests or talents do you have?

Do you have a religious affiliation?

DATE _____

SIGNATURE _____

Thank-you for your interest in becoming a volunteer!

MEDICAL REPORT ON AN ADULT IN A CHILD CARE FACILITY
(Includes employees and volunteers in DCFS licensed child care facilities, operators of day care/group day care homes and other adult members of their households)

(Name of Person Examined) (Birth Date)

Position (check one)

- Day Care/Group Day Care Home Caregiver
- Child Care Staff
- Other Staff in a Child Care Facility
- Member of Household
- Food Handler (See Section B)
- Child Care Facility Driver (See Section B)
- Volunteer in a Child Care Facility

Name of Licensee/applicant for License or Licensed Facility where individual is employed/volunteers _____

Address _____
Street City Zip Code County

I. TESTS	Date	Results
Tuberculin test (by the Mantoux method or chest X-ray in a positive reactor)*	_____	_____
Other (specify): _____	_____	_____

II. FINDINGS AND RECOMMENDATIONS

A. Findings

Summary of medical or emotional problems or conditions, if any, which may affect the individual's ability to work, volunteer or reside in a facility caring for children.

B. Any conditions which contraindicate a person serving as a Food Handler or Child Care Facility Driver?

Yes No

If yes, please specify _____

C. Recommendations

The above individual was found free from symptoms of communicable disease and is otherwise medically and emotionally fit to work, volunteer or reside in a facility caring for children. Yes No

Explain "No": _____

In my opinion, the individual could meet the strength and mobility challenges required for caring for a child in one or more of the age groups checked below:

- 0-2 years of age
- 2-6 years of age
- 7-12 years of age
- 12-18 years of age

Date of Examination Physician's Name (Print) and State License Number

Physician's Signature

Street Address City State Zip Code

Telephone Number

* Required in initial examination only. Physician to determine need for test in subsequent examinations.