



Fund Development Office
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Dear Volunteer,

Welcome to Trinity Services, Inc.! We are very excited that you are considering becoming one of our volunteers. Our mission here at Trinity Services, Inc. is to be a leadership organization in providing the highest quality, socially responsible, and cost-effective services and supports to individuals with disabilities so that they might live full and abundant lives.

You, as a volunteer, are an integral part of implementing this mission. Here at Trinity volunteers are used in many aspects of daily activities. Volunteers are needed on a weekly, monthly, and yearly basis, determined by your schedule. If you do not see an opportunity that meets your wants and needs, please let us know so we can work with you to create your opportunity.

Included in this Information Packet you will find the following:

- Overview and History of Trinity Services
- Volunteer Application
- Letters of Reference
- Confidentiality Agreement

As you read through this information please let me know if you have any questions, I would be happy to speak with you. I look forward to the return of your application so you may begin volunteering with Trinity.

Sincerely,

Sherry Ladislas

Director of Fund Development

sladislas@trinity-services.org

815-717-3750

Trinity Services, Inc. History and Overview

The mission of Trinity Services, Inc. is to be a leadership organization in providing the highest quality, socially responsible, and cost-effective services and supports to individuals with disabilities so that they might live full and abundant lives.

Trinity Services Inc., a nonprofit, non-sectarian organization, was founded in 1950 as the Trinity School in Joliet, Illinois, by a group of parents of children with developmental disabilities. Until 1987 Trinity remained a school for children and adults with mental retardation. Since then, Trinity has grown to include a wide range of [programs](#), supports, and services for children and adults with developmental disabilities and/or behavioral health needs. In addition to the school, Trinity Services now provides [residential services](#), [adult learning programs](#), [Behavioral Health Programs](#), supportive employment, and a host of [support businesses](#) . Trinity serves more than 1,500 people in the south and northwest suburban regions of Chicago, Illinois, as well as Reno, Nevada.

For over 50 years Trinity Services board of directors, leadership, and staff of has been helping people with disabilities live full and abundant lives. Guided by our philosophy of “servant leadership” – the notion of helping others before helping yourself – Trinity strives to be a role model, leading by example in the area of social responsibility. It is through the support of people such as yourselves that we are able to assist people with disabilities to become successful in their own personal goals. Whether it is learning to dress or cook independently, or to become employed within the community, each person's goals are as important to us as they are to the people who want to achieve them.

To find out more information please visit www.trinity-services.org.



Volunteer Application

Personal Information

Date: _____

First Name: _____ Middle Initial: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

Cellular Phone: (_____) _____

E-mail: _____ Date of Birth: _____

Age: _____

Gender: Female Male

Marital Status: Married Single Other

Emergency Contact

In case of an emergency, please contact:

Name: _____

Phone Number: (_____) _____

Relation to you:

Current Employment

Employer: _____

Industry/Type of Business: _____

Employer Address: _____

City: _____

State: _____ Zip: _____

Work Phone: () _____

Would your employer be interested in any of the following activities:

- Engaging employees as volunteers
- Donating or raising funds
- Donating goods or services

Availability

Please list all the times you are available to volunteer. (e.g. 2pm-6pm)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Interests:

- Hands on
- Behind the scenes
- Woodworking
- Business skills
- Reading

- | | | |
|--------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Landscape, yard work, greenhouse maintenance | |
| <input type="checkbox"/> Companionships | <input type="checkbox"/> Weeding | |
| <input type="checkbox"/> Decorate for holidays | <input type="checkbox"/> Creative ideas | <input type="checkbox"/> Learn new skills |
| <input type="checkbox"/> Office work | <input type="checkbox"/> Artistic skills | |
| <input type="checkbox"/> Flyers/ads | <input type="checkbox"/> Planting | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Displays | <input type="checkbox"/> Crafts/art | <input type="checkbox"/> Events |
| <input type="checkbox"/> Open houses | <input type="checkbox"/> Serve drinks and food | |
| <input type="checkbox"/> Set up/ clean up events | <input type="checkbox"/> Other_____ | |

General Information

(Continue on back if needed)

What reason are you volunteering with Trinity Services?

1. Court Ordered Community Service

If so, for what offence? _____

How many hours do you need? _____

2. Required for school

What class? _____

Name of school? _____

3. Personal gain: I feel volunteering to be an excellent way to make a positive difference in others' lives.

What would you like to gain or give through this experience?

Are you looking for opportunities that are short-term (up to 6 months) or long-term (more than 6 months)?

Have you had any previous volunteer experience? (If so, where)

Do you have any certificates or licenses? (i.e. CDL, RN, CPR)

Do you have any medical conditions that we should be aware of (asthma, arthritis, allergies...)



Letters of Reference

As you know Trinity Services, Inc. supports a vulnerable population within the community. It is our job as advocates for people with disabilities to ensure that their best interests are being served at all times. Trinity requests that each volunteer applicant submit two letters of reference. References may come from any person that is able to describe your character and personality.

Reference 1: Name _____ Years known _____

Relationship _____

Address _____

Phone number (____) _____ e-mail _____

Three adjectives to describe the applicant _____

Reference 2: Name _____ Years known _____

Relationship _____

Address _____

Phone number (____) _____ e-mail _____

Three adjectives to describe the applicant _____

In order to ensure the Trinity mission we ask that the following be included in each letter of reference:

- Each person of reference will have known the volunteer for at least 1 year.
- Contact information for each reference should be included.
- What is your relationship with the volunteer?
- Please give an explanation of what characteristics about this person will make them a good volunteer to work with Trinity Services, Inc.
- Please have the person referring you **sign, date, and seal** the letter. ***Please submit the letters of reference with all of your completed volunteer information (including this page).

Trinity Services, Inc.

VOLUNTEER CONFIDENTIALITY AGREEMENT

As a volunteer with Trinity Services, Inc. you will have access to information related to our clients and the business of our agency. Illinois and U.S. law mandates that personal health information be kept confidential except under specific circumstances. Personal health information includes demographic, billing, and medical information about the client. The fact that someone is receiving care is also to be kept confidential. This information cannot be shared with others except for the purposes of treatment, payment, and health care operations or with the consent of the patient or as provided by law. This policy complies with the Confidentiality Act [740ILCS110], HIPPA (45CFR 160 and 164), and Medicaid Rule Section 132.142 (d).

Information related to the business of our agency is also confidential and proprietary. This includes billing and employment information, business plans, and any information on the day to day operations of the agency. This information may only be shared in the context of your work responsibilities.

As a volunteer you agree that you will keep confidential the personal health information of our clients and our business information. You understand that breaching confidentiality of the client's personal health information is a violation of the law, and could result in legal action. Additionally, breaching client confidentiality or the confidentiality of Trinity information may be cause for volunteer dismissal.

Your duty to keep personal and business information confidential remains even after you are no longer volunteering with Trinity Services, Inc.

I have read and understand the above Confidentiality Policy and recognize that a breach of the confidentiality of client or business information may result in discipline, up to and including, termination of my ability to volunteer with Trinity Services, Inc.

Name of Volunteer (Print)

Signature of Volunteer

Date _____

Trinity Services, Inc.

Volunteer Liability Waiver Form

I, _____, will be volunteering in a variety of capacities with Trinity Services, Inc.

I understand that, while reasonable care will be taken to ensure the safety of all volunteers, I am responsible for my own actions while a volunteer in any capacity for Trinity Services, Inc. I understand that work performed may not be under the direct supervision of a Trinity Staff member.

A representative of Trinity Services, Inc. has explained the current medical coverage available to me should an accident occurs while I am volunteering with Trinity. If at any time an accident does occur, I will report it to a Trinity staff member immediately.

Please Print Legibly:

Name: _____

Phone: _____ Email: _____

Address: _____

Emergency Contact: _____

Relationship: _____ **Phone:** _____

Signature of Volunteer: _____

(Signature of Guardian if under 18) _____

Minors MUST HAVE the signature of a parent or legal guardian to participate.