



*"We make a living by what we get. We make a life by what we give."
-Winston Churchill*

Dear Potential Volunteer,

Thank you for your interest in Chestnut Health Systems' volunteer program. Chestnut's mission is Making a difference: Improving quality of life through excellence in service. Volunteers tie directly into our mission, as they play an integral role in making a difference through their service work. Volunteers also enrich the lives of our clients through the various programs they help with. Many of our clients are in residential treatment for 3–12 weeks and seeing a new face, like that of a volunteer can help aid their recovery process.

Enclosed, you will find a list of our current volunteer opportunities, along with a volunteer application. Please complete and return the application at your convenience. Once I receive your application, I will contact you to set up a volunteer interview. In the meantime, if you have any questions, please don't hesitate to contact me at (309) 820-3819 or ajkennedy@chestnut.org. I look forward to hearing from you!

Sincerely,

Amy Kennedy
Alumni & Volunteer Coordinator

Chestnut Health Systems

For more than 30 years, Chestnut Health Systems has offered a broad array of behavioral healthcare services working to fulfill our mission of “making a difference: improving quality of life through excellence in service”. In 2006, Chestnut staff and volunteers helped to make a difference in the lives of more than 22,000 clients throughout Illinois, the United States and abroad. Our core services include:

- Chemical Dependency Prevention & Treatment
- Mental Health Treatment & Housing for Persons with Mental Illnesses
- Employee Assistance & Workplace Services
- Applied Research, Training & Publications

Current Volunteer Opportunities Include:

Adolescent Chemical Dependency Treatment Program

- Transporting clients to and from church, medical or legal appointments
- Coaching/mentoring clients
- Assisting with recreational activities for clients
- Teaching job skills to clients
- Tutoring clients
- Providing educational groups on spirituality, in particular, representatives from non-Christian faiths

Adult Chemical Dependency Treatment Program

- Transporting clients to and from church, medical or legal appointments
- Coaching/mentoring clients
- Assisting with recreational activities for clients
- Teaching job skills to clients

Management Information Services Department

- Office application training
- PC technician work
- Intranet layout, design, or programming

Marketing & Communications Department

- Reproduction (printing, folding & assembly)
- Employee store and alumni store
- Development of training modules on Power Point, Publisher, and Photoshop
- Photography and artwork
- Proofreading
- Translation (Spanish, Portuguese, Chinese)

Special Events

- Planning and assisting with events targeted for alumni
- Fundraising activities

Health & Community Fairs

- Representing Chestnut out in the community at health and community fairs

(over)



Due to the nature of Chestnut's business, volunteers may be required to undergo background checks, participate in volunteer training, or other HR-related activities

Additional Volunteer Opportunities

Facilities and Maintenance Department

- Landscaping / master gardening
- Trade Skills (i.e. electrical, mechanical, plumbing repairs)
- Building repairs
- Special project work

Clerical & Support Services

- Answering reception phones
- Copying and assembling packets
- Data entry

For more information about our volunteer program or to receive a volunteer application, please contact:

Amy Kennedy
Alumni & Volunteer Coordinator
Chestnut Health Systems
1003 Martin Luther King Drive
Bloomington, IL 61701
(309) 827 - 6026
volunteer@chestnut.org
www.chestnut.org/volunteers



1003 Martin Luther King Drive
Bloomington, IL 61701
V: (309) 827-6026
F: (309) 820-3745
www.chestnut.org

VOLUNTEER APPLICATION

An Equal Opportunity Employer

- ***Chestnut Health Systems does not discriminate on the basis of race, color, religion, national origin, sex, age, veteran's status, disability, sexual orientation, marital status, or any other legally protected status.***
- ***Due to the nature of Chestnut's business, volunteers may be required to undergo background checks, participate in training, or other HR related activities.***

PLEASE PRINT LEGIBLY

Date _____

ABOUT YOU

Last Name _____ First Name _____ M.I. _____

Title (Circle One) Mr. Mrs. Ms. Miss Dr.

Day Phone _____ Evening Phone _____ Cell Phone _____

Mailing Address _____ City _____

State _____ Zip Code _____ Email _____

Occupation _____ Employer _____

Education – High School _____ College _____

Emergency Contact _____ Relationship _____

Emergency Day Phone _____ Emergency Evening Phone _____

SKILLS AND INTERESTS

List any skills and/or experience you have that might be helpful in your volunteer work: _____

List some of your hobbies and interests: _____

List activities or affiliations that would contribute to your volunteer experience: *(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)*

Language skills ***(other than English)***:

Speak _____ Read _____ Write _____

List any previous volunteer experience you have had: _____

How did you become interested in volunteering for Chestnut? _____

Do you hold a valid driver's license? Yes _____ No _____ License No. _____

Please check the areas which interest you:

- Adolescent Chemical Dependency Treatment Program
- Adult Chemical Dependency Treatment Program
- Facilities & Maintenance
- Clerical & Support
- Health & Community Fairs
- Coaching/Mentoring Clients
- Management Information Services
- Special Events
- Security for Special Events
- Speaking
- Serving on Alumni Committee
- Marketing & Communication
- First Aid & CPR Instructor
- Employee Store & Alumni Store

AVAILABILITY

Please indicate the times you are available next to the designated days:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____ Sunday _____

How many hours per week or month do you wish to volunteer? _____ week/month (circle)

REFERENCES

NAME	ADDRESS	PHONE	YEARS KNOWN
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Volunteer Agreement

I certify that, to the best of my knowledge, the foregoing information is true and correct. As a volunteer with Chestnut Health Systems, I agree to abide by the standards, policies and procedures of this institution. I also understand that any false information or omission may disqualify me from further consideration for a volunteer position and/or may result in my dismissal. I further understand that all volunteers must complete a background check as a condition of volunteering with Chestnut, I have read the above and agree to these terms and conditions.

Signature _____ Date _____

(for office use only)

Interview: _____

Orientation/Training: _____

Placement: _____

Entered into Database _____ Excel _____ Outlook _____ Copy to _____

Background Check Results: _____

Notes: _____

rev. 1/09