



Ideas • Innovation • Business

**Elevate CCIC, Inc.**  
700 Broadway Ave East  
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Mattoon, IL 61938

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(217) 238-8519

## Volunteer Application

Today's Date: \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### What Days and Times are you interested in Volunteering?

Morning      Afternoon      Evening

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

### Skills and Interests

1. Supportive assistance
2. Website Design
3. Entrepreneurship
4. Mentorship
5. Podcasting/ Video production
6. Other \_\_\_\_\_

OLUNTEER

Any thing you do not want to work on? \_\_\_\_\_

### Previous Volunteer Experience:

\_\_\_\_\_  
\_\_\_\_\_

By signing your name via in person or e-signature below it certifies the information contained in this application is true and complete. One also acknowledges and gives Elevate CCIC, Inc. it's assigns, licensees, and legal representatives the irrevocable right to use your name, video, video image, photograph and / or likeness in all forms and media ( including YouTube and other internet/ social media platforms), and you waive the right to inspect or approve the finished version (s), including recorded video that may be created in connection therewith. I have read this release and am fully familiar with its contents.

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

You may send the signed application to [director@elevate217.org](mailto:director@elevate217.org), or **contact** the center for information.