

Have you been convicted of a felony within the last 7 years YES NO If yes, please explain: _____

Have you ever been convicted as, or found to be, a child sex offender? YES NO

References

Please list the name and phone number of two non-family personal references

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Schedule

WHAT PROGRAM SESSIONS ARE YOU AVAILABLE TO VOLUNTEER? (PLEASE CHECK ALL THAT APPLY)

- Fall (September – December)
- Winter/Spring (January – April)
- Summer (May-August)

PLEASE LIST THE DAYS AND TIMES YOU ARE AVAILABLE TO VOLUNTEER:

Days: _____ Hours: _____
Days: _____ Hours: _____
Days: _____ Hours: _____

Applicant's Certification and Agreement

By submitting this application, I affirm the facts set forth in the application are true and complete. I understand if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may lead to the immediate end of my ability to volunteer with the agency.

Applicant's Signature: _____ Date: _____

Thank you for your interest in being a volunteer. Please complete this form and submit it to our office. Completion of this application does not guarantee you a volunteer position. A staff member will contact you upon submission of this form, and if this agency selects you to be a volunteer, it will require you to complete a Waiver & Release form, as well as to provide emergency contact information.

Emergency Contact Information for Volunteers

Please list two individuals to notify in the case of emergency:

Full Name: _____	Relationship: _____
Email: _____	Phone: _____
Address: _____	
Full Name: _____	Relationship: _____
Email: _____	Phone: _____
Address: _____	

VOLUNTEER WAIVER AND RELEASE

Please read this document carefully so that you fully understand your rights and responsibilities as a volunteer. Participation will be denied if the signature of the volunteer and date are not on this waiver.

I agree to serve as a volunteer for the Agency. I understand that my volunteer service with the Agency may be ended for failure to adequately perform my volunteer duties, for improper conduct while serving as a volunteer, or for any other lawful reason. I also acknowledge that the Agency recommends each person carry their own medical accident insurance, since worker’s compensation benefits are not available to volunteers.

IMPORTANT INFORMATION

The Flagg-Rochelle Community Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Flagg-Rochelle Community Park District continually strives to reduce such risks and insists that all volunteers follow safety rules and instructions that are designed to protect the volunteers’ safety. However, volunteers and parents/guardians of minors volunteering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs, whether as a volunteer or participant.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the volunteer is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant and, consequently, volunteers. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when volunteering in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for Flagg-Rochelle Community Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up to volunteer in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of volunteering in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to volunteers in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Flagg-Rochelle Community Park District, including its officials, agents, employees, and other volunteers.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If applying on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Volunteer Name (Printed) _____ *Date* _____

Volunteer Signature _____ *Date* _____

Parent/Guardian must sign if volunteer is under age of 18 _____ *Date* _____