



Volunteer Application

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION/STUDENT ID MUST BE ATTACHED AND USED TO VERIFY INFORMATION BELOW.

Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Date of Birth: _____

Occupation: _____

Employer: _____ **Address:** _____

Special professional training, certification, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous volunteer experience, year: _____

Do you have a valid driver's license? Yes No

Driver's License#: _____ **State:** _____



Have you ever been refused participation in any other youth programs? Yes No

If yes, explain:

Please list three references:

Name	Phone Number

As a condition of volunteering, I give permission for the Park District to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the Park District receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Park District, officers, employees and volunteers thereof, or regardless of previous appointments, the Park District is not obligated to appoint me

Applicant Signature:

Date:

Applicant Name (please print):

Note: The Park District will not discriminate against any person on the basis of race, creed, color, national origin, martial status, gender, sexual orientation or disability.