

WAUKEGAN PARK DISTRICT
Volunteer Application

Name (*print legal name*): _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____ Cell Number: (_____) _____

E-mail Address: _____ @ _____ (Please Print Clearly)

Birth Date: ____/____/____

Have you ever volunteered at the Waukegan Park District/SRSNLC before? (circle) yes no

Specific Areas/Programs Interested in volunteering for: _____

Age groups interested in working with: _____

Any special experiences or skills: _____

Days, dates, times I am willing to volunteer (circle all): *M T W Th F S Su*

dates available: _____

times available: _____

References:

1. *Name:* _____
Address: _____
City: _____ *State:* _____ *Zip:* _____
Phone number: _____
Relationship: _____

Supervisor contacted this
reference

☐ Yes
☐ No

2. *Name:* _____
Address: _____
City: _____ *State:* _____ *Zip:* _____
Phone number: _____
Relationship: _____

Supervisor contacted this
reference

☐ Yes
☐ No

I certify that answers given above are true and complete to the best of my knowledge. I authorize background check to be completed to determine qualifications related to the volunteer position, according to Waukegan Park District Policies. I understand that this application is for a volunteer position only and does not guarantee a volunteer position or act as a contract in any way.

Signature Required: _____
Date _____

Supervisor Completes: Supervisor's name _____

*****make sure the Volunteer Agreement is also completed and all signatures in places*****

This volunteer will:

☐ be in a one-on-one with children ☐ be responsible for money ☐ be given keys or access to secure areas
☐ be given access to the computer ☐ drive a park district vehicle ☐ none of the previous

*****Attach Job Duties page *****

Additional Paperwork required:

☐ Supplemental Form ☐ Drivers check-ride ☐ Volunteer Orientation ☐ EOP for Facility or Event