

# Schaumburg Park District **Volunteer Application**

**PERSONAL INFORMATION**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(City, State) (Zip Code)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Why are you interested in volunteering? \_\_\_\_\_

Are you volunteering as part of a student program?  No  Yes Please list: \_\_\_\_\_

**AREAS OF INTEREST** *(Check all that apply)*

SPRING VALLEY	RECREATION	FOUNDATION
<input type="checkbox"/> Conservation <input type="checkbox"/> Gardening/Greenhouse <input type="checkbox"/> School Groups/Education <input type="checkbox"/> Farm Animal Care <input type="checkbox"/> Farm Maintenance (bldgs/grounds) <input type="checkbox"/> Farm Interpretation <input type="checkbox"/> Special Events (general)	<input type="checkbox"/> Aquatics/Barracuda Swim Team <input type="checkbox"/> Cultural Arts <input type="checkbox"/> Sports/Athletics <input type="checkbox"/> Senior Center <input type="checkbox"/> Early Childhood <input type="checkbox"/> Before & After School Care <input type="checkbox"/> Special Events (general)	<input type="checkbox"/> Annual Golf Outing (age 21+) <input type="checkbox"/> Annual Hop & Vine Festival (age 21+)

**SPECIAL SKILLS** *(Check all that apply)*

<input type="checkbox"/> Small Animals/Reptiles <input type="checkbox"/> Large Animals/Livestock <input type="checkbox"/> Farming	<input type="checkbox"/> Gardening <input type="checkbox"/> Building Trades <input type="checkbox"/> Teaching	<input type="checkbox"/> Sewing <input type="checkbox"/> Needlework	<input type="checkbox"/> Calligraphy <input type="checkbox"/> Drawing/Painting
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**OTHER SKILLS** (please list): \_\_\_\_\_

**YOUR AVAILABILITY** *(Check one)*

- I am looking for a long-term volunteer assignment.
- I am looking for a short-term volunteer assignment, beginning \_\_\_\_\_ (date) and ending no later than \_\_\_\_\_ (date)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	<i>When indicating availability, please include a.m. or p.m.</i>						
<b>From</b>							
<b>To</b>							

**REFERENCES** - Please provide two WORK OR SCHOOL references whom we may contact (not friends or relatives).

Name	Phone Number	Relation
(1) _____	_____	_____
(2) _____	_____	_____

**EMERGENCY CONTACT INFORMATION**

Name	Phone Number	Relation
(1) _____	_____	_____
(2) _____	_____	_____

## EDUCATION

Please tell us about your background so that we can make the best match possible.

	School Name, City & State	From	To	Did you graduate? Degree earned?	Major
High School					
College/University					
Technical School					
Other School					

## EMPLOYMENT

Current (or most recent) Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Company Website: \_\_\_\_\_

Employed from (month/year): \_\_\_\_\_ Employed to (month/year): \_\_\_\_\_

Position Held/Type of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact?  Yes  No

NOTE: Effective 7/6/2000, the Park District is required by state statute (70 ILCS 1205/8-23) to obtain criminal conviction information concerning applicants and shall perform a criminal background check for applicants for all positions including Schaumburg Park District volunteers. Applicants are not obligated to disclose sealed or expunged records of convictions. Conviction offenses enumerated in subsection (c) of said statute shall automatically disqualify the applicant from consideration. All other convictions shall not automatically disqualify the applicant from consideration, but rather, the conviction will be considered in relationship to the specific volunteer assignment.

Have you ever been convicted of or found to be a child sex offender?  No  Yes

Have you ever been convicted of a felony or misdemeanor?  No  Yes

If yes, please explain, including dates: \_\_\_\_\_

Have you ever volunteered for the Schaumburg Park District?  No  Yes: From \_\_\_\_\_ To \_\_\_\_\_

Have you ever been employed by the Schaumburg Park District?  No  Yes: From \_\_\_\_\_ To \_\_\_\_\_

Do you have relatives employed by the Schaumburg Park District?  No  Yes: Name \_\_\_\_\_

Relation: \_\_\_\_\_

## APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that all information submitted by me on this application is true and complete and I authorize investigation of all statements contained in this application as may be necessary and hereby release and WAIVE ANY CLAIM against the park district which may allegedly arise from such investigation. I further understand that if any false information, omissions or misrepresentations are either contained in my application or given during any interview and are discovered, my application may be rejected and, my volunteer services may be terminated at any time. I also understand and agree that the terms and conditions of volunteering may change, with or without cause and with or without notice at any time by the District.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please return completed application to:

<b>SPRING VALLEY VOLUNTEER</b> <b>Judy Vito</b> Spring Valley Nature Center 1111 E. Schaumburg Road Schaumburg, IL 60194 JuVito@parkfun.com 847/985-2100	<b>RECREATION VOLUNTEER</b> <b>Kathleen Benson</b> Bock Neighborhood Center 1223 W. Sharon Lane Schaumburg, IL 60193 KaBenson@parkfun.com 847/985-2141	<b>FOUNDATION VOLUNTEER</b> <b>Justin Sienkiewicz</b> Jerry Handlon Administration Building 235 E. Beech Drive Schaumburg, IL 60193 JuSienkiewicz@parkfun.com 847/985-2115
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# Volunteer Acknowledgement and Release From Liability

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(City, State) (Zip Code)

1. I, \_\_\_\_\_, have agreed to provide service to Schaumburg Park District as a volunteer.
2. As a volunteer, I understand my services are freely donated to Schaumburg Park District without expectation or anticipation of compensation or future employment. I understand the Park District will not pay me any salary, wages, or compensation during my volunteer experience. I acknowledge that my services are being donated for humanitarian, civic and/or charitable reasons and no one from the Park District has pressured me to provide these services without pay.
3. As a volunteer, I understand I am not entitled to benefits of any kind, including but not limited to deferred compensation, pension contributions, health insurance, life insurance, workers' compensation benefits and/or short-term or long-term disability benefits offered by Schaumburg Park District to its employees.
4. I understand this Acknowledgment and my service as a volunteer shall not in any way constitute nor create an employer/employee relationship between Schaumburg Park District and me. I acknowledge my volunteer experience with the Park District is an at-will relationship that is purely voluntary on my part, without a specific duration. This means I may stop my volunteer experience at any time, with or without reason or advance notice and the Park District has the right to end my volunteer experience at any time, with or without reason or advance notice.
5. I am fully aware the service associated with being a volunteer involves certain risks of physical injury. Being fully informed to these risks and in consideration of my being allowed to serve as a volunteer with Schaumburg Park District, I assume all risk of injury, damage or harm to myself that I may sustain as a result of my volunteer service activities or use of Park District facilities. I also waive and release any and all claims against the Park District, its officials, employees, agents and other volunteers for any injuries arising out of or in any manner connected with, my volunteer service activities or use of Park District facilities.

**I have read and fully understand and agree to the above terms and conditions and waiver and release of all claims.**

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**NOTE:** If the volunteer is under 18 years of age, a Parent/Guardian of the volunteer must also sign this Acknowledgment Form on behalf of the volunteer, acknowledging they understand the terms and conditions set forth above.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

# Volunteer Criminal Background Check Authorization

I certify that the information provided above is true and complete. I understand that a successful criminal background check is a condition of volunteering with Schaumburg Park District.

I authorize Schaumburg Park District to conduct a criminal background investigation of me and I understand that I have the right to a copy of the completed criminal background check.

I fully release and discharge Schaumburg Park District, its commissioners, officers, agents and employees from any and all claims from damages which I may have or which may accrue to me on account of the results of any aspect of the criminal background check.

**I have read and fully understand this criminal background check authorization and waiver.**

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Date of Birth (month/day/year): \_\_\_\_\_ Gender:  M  F Race: \_\_\_\_\_

**If you have lived outside Illinois, please indicate state and dates.**

State Resided	From (Month/Year)	To (Month/Year)

**EEOC Race Code:**

**W = White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**B = Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

**H = Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**A = Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**I = Native American or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**HA = Native Hawaiian or Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

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***This section to be completed by Supervisor***

Position: **VOLUNTEER**

Program Area & Location/Facility: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_