

# **VOLUNTEER APPLICATIONS**

**Please return to Attn: Lisa Shaw  
44 W. Golfview Drive  
Northlake, IL 60164**



# Volunteer Application

Contact Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Birth Date	
School (if applicable)	

Events (please circle events of interest)	
Saturdays: Special Events, Autumn Fest, Winter Fest, Egg Hunts	Weekdays: Senior Citizen Lunch Parties (various parties)
Weekdays: After School Program	Weekend: Softball Tournament August, Various times available
Weekdays: Spring Break Camp Session 1, Around March 23-27. Anytime between 8a.m.-6p.m.	Coaching Youth Basketball League Grades 1 – 6 Saturdays Starting in December
Spring Break Camp Session 2, Around March 30-April 3 Anytime between 8a.m.-6p.m.	

Availability	
Events have different volunteer times. Which hours are you available for volunteer assignments?	
<input type="checkbox"/> Weekday mornings	What times:
<input type="checkbox"/> Weekday afternoons	What times:
<input type="checkbox"/> Weekend mornings	What times:
<input type="checkbox"/> Weekend afternoons	What times:

Interests		
Tell us in which areas you are interested in volunteering		
<input type="checkbox"/> Coaching	<input type="checkbox"/> Instructing	<input type="checkbox"/> Working with Children
<input type="checkbox"/> Special Events	<input type="checkbox"/> Various Opportunities	<input type="checkbox"/> Open

<b>Special Skills and Qualifications</b>
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Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.
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<b>Previous Volunteer Experience</b>
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Summarize your previous volunteer experience.
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<b>Person to Contact In Case of Emergency</b>
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Name	
Street Address	
City, State, Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	

<b>Agreement and Signature</b>
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By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.
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Name (printed)	
Signature	
Date	

# BACKGROUND INFORMATION RELEASE FORM

**Attn: Volunteers**

**Please return this form to the Veterans Park District Immediately**

I, the undersigned, in connection with this application, authorize all corporations, companies, credit agencies, educational institutions, person, law enforcement agencies, military services and former employers to release information they may have about me to Veterans Park District or its agents and release them from any liability or responsibility from doing so.

Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

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

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

Applicant's Full Printed Name: \_\_\_\_\_

Maiden Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Driver's License # \_\_\_\_\_

State of Driver's License \_\_\_\_\_