

GENEVA PARK DISTRICT VOLUNTEER APPLICATION

Personal

Name _____

Street Address, City, State, Zip _____

Telephone #1 _____ Telephone #2 _____

Birthdate _____ Social Security Number _____

Email Address _____

Have you ever been convicted of a felony? Yes No If yes, note dates and disposition of case below:

(Please note: a conviction record will not necessarily disqualify an applicant. It will be considered as it relates to each volunteer position.)

Please list the dates and times you are available to volunteer. _____

How did you hear about volunteering at Geneva Park District? _____

Why do you want to volunteer? _____

List special training, skills, or certifications that would be helpful for volunteering: _____

What are your interests, hobbies, and talents? _____

Activities

Please indicate below the type of volunteer work you are interested in (check all that apply):

GENERAL

- | | | |
|--|--|--|
| <input type="checkbox"/> Toddler/Youth Programs | <input type="checkbox"/> Adult Programs | <input type="checkbox"/> Senior Programs |
| <input type="checkbox"/> Girls'/Boys' Basketball | <input type="checkbox"/> Day Baseball/ Girls' Softball | <input type="checkbox"/> Other Youth Athletics |
| <input type="checkbox"/> Youth Summer Camps | <input type="checkbox"/> Dance Programs | <input type="checkbox"/> Fitness Classes |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Gymnastics/Tumbling | <input type="checkbox"/> Swim Lessons |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Miniature Golf | <input type="checkbox"/> Trips |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Litter Sweeps |

PECK FARM PARK

- | | | |
|---|---|--|
| <input type="checkbox"/> Children's Nature Programs | <input type="checkbox"/> Adult Nature Programs | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Summer Day Camp Assistant | <input type="checkbox"/> Bluebird Box Monitoring | <input type="checkbox"/> Trail Work |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Non-native Species Removal | <input type="checkbox"/> Tree Planting |
| <input type="checkbox"/> Fall Prairie Seed Collection | <input type="checkbox"/> Spring Prairie Seeding | <input type="checkbox"/> Photography |

OTHER (please specify) _____

Education and Occupation

List school name & highest level of completion: _____

List company name and title: _____

This Section to be completed by Volunteer Sports Coaches Only

Type of Sport and Age Group/league you wish to coach: _____

Position Desired: Head Coach _____ Assistant Coach _____

Name the person you wish to coach with: _____ (He/she must also complete this type of form.)

Previous Coaching Experience

Instructional Leadership of Children (explain): _____

Coaching Education: Courses _____ Clinics _____ Books _____ Videos _____ Other _____

(explain): _____

Coaching :	Sport	Year(s)	Agency
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

References

Please list two responsible people who have knowledge of your character, experiences, and abilities.

Name _____

Address _____

Telephone _____ Occupation _____

Name _____

Address _____

Telephone _____ Occupation _____

Answers to application questions will be utilized for applicable, volunteer job related information only and will not be released to any other organization or volunteers without your consent. I certify that the statements contained herein are true to the best of my knowledge. I understand that falsification of any answers or any failure to answer any question contained herein is cause for dismissal from volunteering with the Geneva Park District. I understand and agree that the Park District may make a thorough investigation of my past and current employment and activities including but not limited to a criminal background check and I release from liability or responsibility all persons or organizations supplying such information. All information is subject to verification. I agree to abide by the rules and regulations of the Geneva Park District where I do volunteer service, that I will be dependable and perform my service unselfishly and to the best of my ability.

Signature _____ **Date** _____

Signature of Parent/Legal Guardian _____ **Date** _____

(required for applicants under age 18)

I am aware that I will be subject to a Criminal Background Check.

**GENEVA PARK DISTRICT
VOLUNTEER EMERGENCY INFORMATION FORM**

1) Volunteer Name: _____ Date: _____

2) Emergency Information: Please list two people who may be notified in case of an emergency or illness.

Name: _____ Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

3) Medical Information:

Physician: _____

Phone: _____

4) Please list any additional information you feel may be important in case of a medical emergency: (i.e. Diabetic, Epilepsy, High Blood Pressure, Allergies, etc.)

PLEASE RETURN TO YOUR SUPERVISOR.

THIS INFORMATION WILL BE KEPT ON FILE FOR USE IN AN EMERGENCY ONLY.

**GENEVA PARK DISTRICT
VOLUNTEER WAIVER & RELEASE**

IMPORTANT INFORMATION

The Geneva Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of volunteers in high regard. The Geneva Park District continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions that are designed to protect the volunteer's safety. However, volunteers must recognize that there is an inherent risk of injury when choosing to volunteer for any activity or program.

Please recognize that the Geneva Park District carries only limited medical accident coverage for volunteers; therefore, it is strongly urged that all volunteers review their own health insurance policy for coverage. Additionally, each volunteer is solely responsible for determining if he/she is physically fit and/or properly skilled for any volunteer activity. It is always advisable, especially if the volunteer is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when providing volunteer services. Understandably, not all hazards and dangers can be foreseen. Volunteers must understand that depending upon the volunteer services, certain risks, dangers and injuries due to acts of God, inclement weather, slip and falls, inadequate or defective equipment, failure in supervision or instruction, premises defects, horseplay, carelessness, lack of skill or technique, and all other circumstances inherent to the particular volunteer services exist. In this regard, it must be recognized that it is impossible for the Geneva 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 consideration for providing volunteer services, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you may sustain as a result of participating in any and all activities connected with and associated with your volunteer services (including transportation services/vehicle operations, when provided).

As a volunteer, 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 I may sustain as a result of my volunteer services. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of my volunteer services against the Geneva Park District, including its officers, officials, agents, volunteers and employees (hereinafter collectively referred as "Parties").

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with my volunteer services.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering 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's Name (Please Print)

Volunteer's Signature

Date

PARTICIPATION WILL BE DENIED if the signature of the volunteer and date are not on this waiver.

**GENEVA PARK DISTRICT
VOLUNTEER CRIMINAL BACKGROUND CHECK WAIVER AND RELEASE OF ALL CLAIMS FORM**

Dear Prospective Volunteer:

All new full-time, part-time and short-term employees, as well as all volunteers, are subject to a criminal background investigation as a condition of employment or volunteer work. The background investigation will be conducted prior to your employment or volunteer work. This procedure checks potential staff and volunteers for criminal convictions relating to inappropriate behavior.

Below is a release form giving your consent to the Geneva Park District to conduct a criminal background investigation. Please sign this consent form, complete the background check form and return both to your supervisor or the Geneva Park District office.

Please read this release carefully and be aware that by agreeing to allow the Geneva Park District to investigate your criminal background, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review.

I understand that a successful criminal background check is a condition of my employment or volunteerism with the Geneva Park District.

I agree to waive and relinquish all claims I may have against the Geneva Park District and its officers, agents, servants, and employees as a result of participating in the criminal background check.

I do hereby fully release and discharge the Geneva Park District, its respective officers, agents, servants, 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 Waiver and Release of All Claims form.

Signature Date

Information Needed for the Illinois State Police Background Check

Printed Name: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

Sex: _____ → M: Male F: Female U: Unknown

Race: _____ → W: White B: Black A: Asian/Pacific

I: American Indian/Alaskan U: Unknown

Position: _____ Supervisor: _____

(Volunteer)