

Name: _

Volunteer Application

Questions? Contact Sarah Bannon at 847.388.5461 or hr@mundeleinparks.org. Please complete and return to Sarah Bannon at hr@mundeleinparks.org.

_____ Date of Application:_____

Address:			City:			State:	
Primary Pho	one:		Email:				
Date of Birth	า:		Age:				
Emergency (Contacts:						
1. Name			Phone			Relation	
2. Name		PhoneRelation					
Your Areas	of Interest: (Check a	all that apply)					
Golf: (Ste	eple Chase Golf Cl	ub)					
Recreation		atics, fitness, sur ural arts, dance)	nmer camps, befo	re & after schoo	ol, early childho	od, athletics, seni	ors,
	vents: (Cottontail nta Events, Senior		n, Freedom Classic,	Doggy Dip, Mu	ndelein Arts Fe	stival, Daddy Dau	ghter Dance, Boo
Parks & F	acilities: (projects	at our parks and	d/or facilities)				
Marketin	g: (assist with ma	rketing projects)					
Other: (R	ec Advisory comm	nittee, Mundelein	Parks Foundation	n)			
Your Availat	oility:						
I am look	ing for a long-terr	n volunteer assig	gnment				
I am look	king for a short-ter	m volunteer assi	gnment, beginning	S	_ (date) and end	ling no later than	(date
Days and tir	nes you are availa	ble to volunteer	:				
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Please indi	cate am and pm						
From							
То							

Note: you must complete the application in full and sign both pages 2 & 3...

records of convictions. Conviction offenses enumerated in subse applicant from consideration. All other convictions shall not auto the conviction will be considered in relationship to the specific v	omatically	disqua	alify the			,	,	rather,
Have you ever been convicted of or found to be a child sex offender?								
Have you ever been convicted of a felony or misdemeanor?	No	Yes						
If yes, please explain, including dates:								
Have you ever volunteered for Mundelein Park & Recreation Dis	trict?		No	Yes:	From_		_То	
Have you ever been employed by the Mundelein Park & Recreat	No	Yes:	From		_To			
Do you have relatives employed by the Mundelein Park & Recrea	ation Distr	ict?	No	Yes				
Name:								
Relation:								
APPLICANT'S CERTIFICATION AND AGREEMENT								
I certify that all information submitted by me on this application is contained in this application as may be necessary and hereby relected allegedly arise from such investigation. I further understand that contained in my application or given during any interview and are services may be terminated at any time. I also understand and ag with or without cause and with or without notice, at any time by leading to the service of the service	ease and Wif any false discovere that the	/AIVE / e informed, my a ne term	ANY CLA mation, applicat ns and c	AIM ag omissicion ma onditio	ainst the ons or mi by be reje ons of vol	park dist sreprese cted and	trict which entations ar my volunte	may e either eer
Signature:				_Date:_				

NOTE: Effective 7/6/2000, Mundelein Park & Recreation 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 Mundelein Park & Recreation District volunteers. Applicants are not obligated to disclose sealed or expunged

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MUNDELEIN PARK & RECREATION DISTRICT VOLUNTEER WAIVER & RELEASE

IMPORTANT INFORMATION

The Mundelein Park & Recreation District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of volunteers in high regard. Mundelein Park & Recreation 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 The Mundelein Park & Recreation 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 Mundelein Park & Recreation 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 Mundelein Park & Recreation 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.

In accordance with HB 786 signed into law (P.A. 100-472), creating new Section 8-23(a) of the Illinois Park District Code, I affirm that I have not been convicted of and have not been found to be a child sex offender.

Volunteer Name:	Date:
Volunteer Signature:	
If volunteer is under 18 years of age a parent or guardian signature is required.	
Parent Signature	Date:

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