



VOLUNTEER APPLICATION

GENERAL INFORMATION

Name _____

Address _____ City _____ Zip _____

Phone: Home _____ Work/Cell _____

E-Mail address _____ Birthdate _____

Are you 18 or older? Yes No If you are under 18, please state your age: _____

Present Occupation _____ Employer _____

VOLUNTEER EXPERIENCE & INTERESTS

Areas of interest. Please check all that apply. Head Coach ___ Assistant Coach ___ Clerical/Office ___

Park Maintenance ___ Arts/Crafts ___ Other _____

Days/times you are available: _____

Will you have a child registered in the program for which you would like to volunteer? YES NO

Describe any special skills, interests, or coaching experience you may have: _____

Do you need documentation of your volunteer hours to fulfill outside commitments? YES NO

If YES, what is the organization's name: _____

Please inform the Volunteer Coordinator if your community service is for a court requirement. The Mokena Community Park District does not accept Court Ordered Community Service

Please list any current or previous volunteer service you may have (scouts, church, school, etc.):

Name of Agency Date(s) of Service Type of Service

Have you ever been convicted of or found to be a child sex offender? YES ___ NO ___

Have you ever been convicted of any felony? YES ___ NO ___

Have you ever been convicted of a misdemeanor involving dishonesty, criminal sexual conduct, assault or battery, or any criminal drug statute? YES ___ NO ___

Are there any criminal prosecutions that are currently pending against you? YES ___ NO ___

If you answered yes to any question above regarding criminal history, Mokena Park District will require additional information to review before making a final decision about your volunteer status.

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____

Relationship to you _____

Please note: To enhance our Park District programs and ensure a quality experience for our participants, volunteer applicants may be subject to mandatory training and/or results from a background check before you begin your volunteer position (such as: coaches). I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal. My facsimile/digital signature shall substitute for and have the same legal effect as an original form signature.

Applicant Signature _____ Date _____

OFFICE USE: W ___ BC ___ SOL ___



VOLUNTEER APPLICATION

VOLUNTEER AGREEMENT

I, _____ understand that:
Please print your first and last name

1. All volunteer application forms must be completed in full for my application to be considered.
2. I agree to notify and update Mokena Community Park District of any changes to the information provided.
3. The decision of the Park District to accept or reject my application is final.
4. The position of volunteer is an "at will" relationship and may be terminated at any time.
5. As a volunteer, I understand the services provided will be a donation and under no circumstances will I receive wages, salary, or benefits from the organization for the services provided as a volunteer.
6. I confirm that I do not, and shall not, have the authority to incur obligations on behalf, or otherwise bind the Park District.
7. I understand that there may be media coverage of certain events at Park District facilities. I agree that I shall not grant radio, television or press interviews or otherwise initiate or accept media contact relating in any way to the Park District. Should my likeness be photographed, taped, or otherwise recorded by the Park District or media, I irrevocably consent to the reproduction and use of such photography, tapes or other recordings without compensation to me and hereby assign any rights I may have to the Park District.
8. I agree to hold in confidence any information disclosed to me concerning the business activities of the Park District (including any personal information for its patrons, participants, employees and volunteers) and relating to any confidential or proprietary data, and agree not to divulge such information to any person or persons. I agree not to remove any documents or materials (whether computer-generated, hard copy, audio or otherwise) from any of the offices or other locations of the Park District. I agree not to use any photographic or recording equipment within any of the offices or other locations of the Park District. I agree that any such photographs or records, if made, may be retrieved without notice by the Park District.

By my signature below, I verify that I have read and understood the above. Further, I verify that the information I have given is true and complete. I understand that providing false information or not updating my information as necessary will terminate my volunteer relationship with Mokena Community Park District. *My facsimile/digital signature shall substitute for and have the same legal effect as an original form signature.*

Signature: _____ Date: _____