



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: _____

School/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: _____

Mokena Community Park District
VOLUNTEER WAIVER & RELEASE FOR THE 2024 CALENDAR YEAR

IMPORTANT INFORMATION

The Mokena 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 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 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.

Lastly, this Waiver & Release of All Claims and Assumption of Risk is for any and all volunteer activities for the 2024 calendar year.

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 Park District/SRA 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 during the 2024 calendar year, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, 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 in any and all volunteer projects/activities that I participate in, 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 Mokena 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 any and all of my volunteer services during the 2024 calendar year.

As a volunteer, I understand the services provided will be a donation and under no circumstances will I receive wages, salary, or benefits from Mokena Park District for the services I provide as a volunteer.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. My facsimile signature (emailed, scanned, or faxed) shall substitute for and have the same legal effect as an original form signature.

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

Volunteer's Name (please print) _____ Date _____

Volunteer's Signature _____

If volunteer is under 18 years old – parent's signature is required.

Parent's Signature _____ Date _____

Parent's contact information: Home / Cell (_____) _____

PARTICIPATION WILL BE DENIED If the signature of the volunteer (and parent if required) and date are not on this waiver.

Mokena Community Park District

CONVICTION INFORMATION REQUESTED NON-FINGERPRINT FORM

Instructions: This form must be filled out completely. Information will be submitted to the ILLINOIS STATE POLICE, DIVISION OF ADMINISTRATION, BUREAU OF IDENTIFICATION, 260 N. Chicago Street, Joliet, IL 60432-4075

Subject Information:

Subjects Name: _____
Last Name First Name Middle Initial

Address: _____ City: _____ Zip: _____

Date of Birth: ____/____/____ Sex: _____ Race: _____

<u>Valid Codes for Sex</u>	<u>Valid Codes for Race</u>
Male..... M	White..... W
Female..... F	Black..... B
Unknown..... U	Asian/Pacific Islands..... A
	American Indian/Alaskan.... I
	Unknown.....U

Requester Information:
Mokena Community Park District,
10925 LaPorte Road, Mokena, IL 60448

- I understand that a criminal background check and results acceptable to the Park District is a condition of volunteering with the Mokena Park District.
- I consent to the Mokena Park District obtaining my criminal conviction history from the Illinois State Police and/or FBI.
- I hereby fully release and discharge the Mokena Park District, its officers, agents, and employees, from any and all claims for damages which may arise from participating in or as a result of the criminal background check.
- I have read and fully understand this release form.
- I certify that the facts contained on this form are true and complete to the best of my knowledge and understand that falsified statements on this form shall be grounds for dismissal.

Signature: _____

Date: _____