

# LYMAN WOODS GENERAL VOLUNTEER APPLICATION

## FOR GARDEN, REAP WORK DAY, TRAIL RESTORATION, OFFICE & ANIMAL CARE

Thank you for your interest in being a volunteer. Please complete this form and submit it to a Lyman Woods office member. Completion of this application does not guarantee you a volunteer position. A staff member will contact you upon submission of this form, and if this agency selects you to be a volunteer, it will require you to complete a Waiver & Release form, as well as to provide emergency contact information.

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

(cell) \_\_\_\_\_

Email address: \_\_\_\_\_

Are you 18 or over? \_\_\_\_\_ Yes \_\_\_\_\_ No

If under 18, please state your age: \_\_\_\_\_

Have you volunteered with this agency before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please describe any relevant education, employment experience, volunteer experience, training, special skills or interests (you may submit a resume):

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Have you been convicted of a felony within the last 7 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

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Have you ever been convicted as, or found to be, a child sex offender? \_\_\_\_\_ Yes \_\_\_\_\_ No

Why are you interested in volunteer work with the Agency? (Circle all that apply)

Give back to community

Love of recreation

School/work service hours

Past experience

Family member with a disability

Looking for new experiences

Other:

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Please list the name and phone number of two non-family personal references:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

What areas are you available for and interested in volunteering with? (Please circle all that apply)

- REAP Volunteer (3<sup>rd</sup> Saturday of the month, mornings)
- Garden Volunteer
- Office Volunteer
- Trail Maintenance Volunteer
- Animal Care Volunteer
- Beekeeping Volunteer

Please list the days and times you are available to volunteer.

Days: \_\_\_\_\_ Hours: \_\_\_\_\_

Days: \_\_\_\_\_ Hours: \_\_\_\_\_

Days: \_\_\_\_\_ Hours: \_\_\_\_\_

Days: \_\_\_\_\_ Hours: \_\_\_\_\_

When Are You Able To Start Volunteering? \_\_\_\_\_

When Would You Need To Stop Volunteering? \_\_\_\_\_

*(Put "No End Date" if you don't have a specific End Date or Time Frame)*

By submitting this application, I affirm the facts set forth in the application are true and complete. I understand if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may lead to the immediate end of my ability to volunteer with the agency.

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

*It is the policy of Downers Grove Park District to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, disability or any other legally protected basis. Please advise a Lyman Woods Recreation Supervisor if you need any accommodation to participate in the application process.*

EMERGENCY CONTACT INFORMATION FOR VOLUNTEERS

Volunteer Name: \_\_\_\_\_

Any allergies (food, environmental, bees, etc.)? If so, please describe:

Any other medical conditions or special needs that we need to be aware of? If so, please describe:

How will you be arriving and departing?

Any other helpful information we need to know?

Please list three individuals to notify in the case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_