

LYMAN WOODS PROGRAM VOLUNTEER APPLICATION

Thank you for your interest in being a volunteer. Please complete this form and submit it to 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 a background check if over the age of 18.

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):

Which age groups do you enjoy working with? (Circle all that apply)

Early childhood (ages 1-5) Youth (ages 5-12) Teens/young adults Adults Seniors

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:

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

If yes, please explain: _____

Have you ever been convicted as, or found to be, a child sex offender? ___Yes ___No

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

Name: _____ Phone: _____
Relationship: _____

Name: _____ Phone: _____
Relationship: _____

What program sessions are you available to volunteer? (Please circle all that apply)

- Fall Session 8 weeks (September - December)
- Winter/Spring Session 13 weeks (February - May)
- Summer Session 7 Weeks (June - August)

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

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 Recreation Supervisor if you need any accommodation to participate in the application process.

EMERGENCY CONTACT INFORMATION FOR PROGRAM 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: _____