

LYMAN WOODS- SUMMER CAMP VOLUNTEER APPLICATION

Thank you for your interest in being a summer camp volunteer at Lyman Woods! Please complete this form and submit it to one of the Rec. Supervisors at Lyman Woods. You can return this application in person at the William F. Sherman Jr. Interpretive Center at Lyman Woods (901 31st Street in Downers Grove) or email it to lymanwoods@dgparks.org.

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: (Parents- if under 18) _____ (Yours) _____

Your Email address: _____

Parent's Email address (if under 18): _____

Are you 18 or over? _____ Yes _____ No

If under 18, please state your age & date of birth: _____

Have you volunteered with the Downers Grove Park District before? _____ Yes _____ No

Please describe any relevant education, employment experience, volunteer experience, training, special skills or interests

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

- Give back to community
- School/work service hours
- Family member with a disability
- Other:
- Love of recreation
- Past experience
- Looking for new experiences

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

4-5 year olds

6-8 year olds

9-12 year olds

12-14 year olds

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: _____

Please list the days and times you are available to volunteer for Summer Camp

Week	9-12 pm	1-4 pm	9 am-4 pm
June 15-19	AM	PM	FULL DAY
June 22-26	AM	PM	FULL DAY
July 6-10	AM	PM	FULL DAY
July 13-17	AM	PM	FULL DAY
July 20-24	AM	PM	FULL DAY
July 27-31	AM	PM	FULL DAY
Aug 3-7	AM	PM	FULL DAY
Aug 10-14	AM	PM	FULL DAY

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 the 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 one of the Lyman Woods Rec. Supervisors if you need any accommodation to participate in the application process.

EMERGENCY CONTACT INFORMATION FOR CAMP 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: _____