

# Veterans Park District Volunteer Application

Please return this application to Grant Park Recreation Center

44 W. Golfview Drive, Northlake IL 60164





## Volunteer Application

<b>Personal Information</b>	
Name	
Street Address	
City ST ZIP Code	
Primary Phone Please Circle (Cell, Home, or Work)	
Secondary Phone Please Circle (Cell, Home, or Work)	
E-Mail Address	
What is your preferred method of contact? (Please circle)	<div style="display: flex; justify-content: space-around;"> <span>Phone</span> <span>Email</span> </div>
Birth Date	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (Answering "yes" will not necessarily disqualify you from being approved to volunteer)	
If "yes" please explain:	

<b>Interests</b>			
<b>Please Tell us in which areas you are interested in volunteering</b>			
___ Coaching	___ Instructing	___ Working with Children	___ Working with Seniors
___ Special Events	___ Various Opportunities	___ Open	
Why do you want to volunteer for the Veterans Park District?			
How did you hear about volunteer opportunities through the Veterans Park District?			

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**Availability - Please note it can take 3 weeks for application to be approved pending results of the mandatory background check**

What date would you like to begin? \_\_\_\_\_ What date would you like to end? \_\_\_\_\_

How often are you looking to volunteer with the Veterans Park District?

**Events have different volunteer times. Which hours are you available for Volunteer Assignments?**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Am	Am	Am	Am	Am	Am	Am
PM	PM	PM	PM	PM	PM	PM

**Education**

	Name/Location	Dates Attended	Major	Degree/Diploma
High School				
College or University				
Other Training or Education				

Are you looking to complete required service hours for school or an organization?  Yes  No

If yes, please list the name of your school or organization and how many hours you need to complete:

When is the deadline for your required service hours to be completed?

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**Special Skills and Qualifications**

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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**Previous Volunteer Experience**

Summarize your previous volunteer experience.

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**Person to Contact In Case of Emergency**

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

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# BACKGROUND INFORMATION RELEASE FORM

## Please return this form to the Veterans Park District Immediately

I, the undersigned, in connection with this application, authorize all corporations, companies, credit agencies, educational institutions, person, law enforcement agencies, military services and former employers to release information they may have about me to Veterans Park District or its agents and release them from any liability or responsibility from doing so. Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

### Please Print Neatly

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

Applicant's Signature: \_\_\_\_\_

Applicant's Full Printed Name: \_\_\_\_\_

Maiden Last Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

House Number

Street

City

State

Zip Code

Social Security Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Driver's License # \_\_\_\_\_

State of Driver's License \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*\*\*\*\*Copy of DRIVER'S LICENSE or STATE ID is required \*\*\*\*\*