



# Volunteer Application Glenview Park District

- ❖ Administration ❖ Flick Pool ❖ Glenview Ice Center ❖ Glenview National 9 Golf Club ❖ Glenview Park Golf Club ❖
- ❖ Glenview Senior Center ❖ Glenview Tennis Club ❖ The Grove ❖ Park Center ❖ Park Center Health & Fitness ❖ Park Services ❖
- ❖ Redfield Estate ❖ Roosevelt Pool ❖ Schram Memorial Museum ❖ Splash Landings ❖ Tyner Center ❖ Wagner Farm ❖

## PERSONAL INFORMATION

Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_  
(City, State) (Zip Code)

Phone(s) \_\_\_\_\_  
(Home) (Work) (Cell)

Email \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Your Age: \_\_\_\_\_

## AREAS OF INTEREST *Check all that apply.*

<input type="checkbox"/> Environment / Nature	<input type="checkbox"/> Sports / Fitness	<input type="checkbox"/> Tennis	<input type="checkbox"/> Landscaping
<input type="checkbox"/> Animals	<input type="checkbox"/> Cultural Arts	<input type="checkbox"/> Golf	<input type="checkbox"/> Maintenance / Repairs
<input type="checkbox"/> Seniors	<input type="checkbox"/> Greeter / Tour Guide	<input type="checkbox"/> Hockey	<input type="checkbox"/> Special Events
<input type="checkbox"/> Children	<input type="checkbox"/> Office Work	<input type="checkbox"/> Figure Skating	<input type="checkbox"/> Other: _____

## AVAILABILITY

Date available to start: \_\_\_\_\_

Latest date available: \_\_\_\_\_  
(Seasonal applicants ONLY)

Are you available on:

- Mondays?     No     Yes: From \_\_\_\_\_ am / pm                      To \_\_\_\_\_ am / pm
- Tuesdays?     No     Yes: From \_\_\_\_\_ am / pm                      To \_\_\_\_\_ am / pm
- Wednesdays?     No     Yes: From \_\_\_\_\_ am / pm                      To \_\_\_\_\_ am / pm
- Thursdays?     No     Yes: From \_\_\_\_\_ am / pm                      To \_\_\_\_\_ am / pm
- Fridays?     No     Yes: From \_\_\_\_\_ am / pm                      To \_\_\_\_\_ am / pm
- Saturdays?     No     Yes: From \_\_\_\_\_ am / pm                      To \_\_\_\_\_ am / pm
- Sundays?     No     Yes: From \_\_\_\_\_ am / pm                      To \_\_\_\_\_ am / pm

## REFERENCES - Please provide two (2) WORK OR SCHOOL references whom we may contact (preferably not friends or relatives).

Name	Phone Number	How Known?
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(1) \_\_\_\_\_

(2) \_\_\_\_\_

## EDUCATION

	School Name, City & State	From	To	Major	Did you graduate? Degree earned?
High School					
College/University					
Technical School					
Other School					

## EMPLOYMENT

Current (or most recent) Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

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

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

Employed From (month/year): \_\_\_\_\_

Employed To (month/year): \_\_\_\_\_

Position Held / Type of Work: \_\_\_\_\_

Starting Wage: \$ \_\_\_\_\_ per \_\_\_\_\_

Ending Wage: \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact?  Yes  No

*NOTE: Effective 7/6/2000, the district is required by state statute (70 ILCS 1205/8-23) to obtain criminal conviction information concerning applicants, and shall perform a criminal background check for applicants for all positions, including volunteers. Applicants are not obligated to disclose sealed or expunged records of convictions. Conviction offenses enumerated in subsection (c) of said statute shall automatically disqualify the applicant from consideration. All other convictions shall not automatically disqualify the applicant from consideration, but rather, the conviction will be considered in relationship to the specific volunteer opportunity.*

Have you ever been convicted of a felony?

No  Yes

Have you ever been convicted of a misdemeanor?

No  Yes

If yes, please explain, including dates: \_\_\_\_\_

Have you ever been employed by the Glenview Park District?  No  Yes: From \_\_\_\_\_ To \_\_\_\_\_

Have you ever volunteered for the Glenview Park District?  No  Yes: From \_\_\_\_\_ To \_\_\_\_\_

Do you have relatives employed by the Glenview Park District?  No  Yes: Name \_\_\_\_\_

Relation \_\_\_\_\_

How did you hear about volunteering at the Glenview Park District? \_\_\_\_\_

## APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that all the information submitted by me on this application is TRUE AND COMPLETE, and I AUTHORIZE INVESTIGATION of all statements contained in this application as may be necessary and hereby release and WAIVE ANY CLAIM against the park district which may allegedly arise from such investigation. I further understand that if any FALSE INFORMATION, omissions, or misrepresentations are either contained in my application or given during any interview and are discovered, my APPLICATION MAY BE REJECTED and, my SERVICES MAY BE TERMINATED at any time. I also understand and agree that the TERMS & CONDITIONS of volunteering may CHANGE, with or without cause, and with or without notice at any time by the park district.

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

Date \_\_\_\_\_

**GLENVIEW PARK DISTRICT VOLUNTEER WAIVER & RELEASE**

**IMPORTANT INFORMATION**

The Glenview 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 Glenview 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 Glenview 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.

**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 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, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you may sustain as a result of participating in any and all activities connected with and associated 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 to volunteers in this program/activity, 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 Glenview 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 my volunteer services. **I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

Volunteer's Name (print): \_\_\_\_\_

Volunteer's Signature \_\_\_\_\_

Date \_\_\_\_\_

**PARTICIPATION WILL BE DENIED If the signature of the volunteer and date are not on this waiver.**

# CRIMINAL BACKGROUND CHECK

## WAIVER AND RELEASE OF ALL CLAIMS FORM

Please read this form carefully and be aware that by agreeing to allow the Glenview Park District to conduct a criminal background check you will be waiving and releasing all claims for damages you may sustain arising out of the criminal background check and review:

I understand that the completion of an acceptable criminal background check is a condition of volunteering with the Glenview Park District.

I agree to waive and relinquish all claims I may have against the Glenview Park District and its officers, agents, servants, and employees, as a result of participating in the criminal background check.

I do hereby fully release and discharge the Glenview Park District, its officers, agents, servants, and employees from any and all claims from damages which I may have or which may accrue to me on account of the results of any aspect of the criminal background check.

**I have read and fully understand this Waiver and Release of All Claims.**

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**Signature**

**Date**

**Please Print:**

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**Last Name**

**First Name**

**Middle Initial**

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**Date of Birth (month/day/year)**

**Gender**

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**List state(s) of permanent (year-round) residence other than Illinois during the past three (3) years**

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*This section to be completed by Supervisor*

**Position: VOLUNTEER**

**Facility:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_