



Volunteer Application

Please read the below information carefully before completing the volunteer application form.

Thank you for your interest in volunteering! By completing this application you are authorizing the Peoria Park District to perform all required background investigations including criminal history investigations necessary for volunteering.

By completing this application you are authorizing any former employers and listed references to give information concerning yourself, whether or not it is in their records, and you release them and their companies from any liability whatsoever.

You certify that all statements given on this application are correct, and realize that any falsification, omission of information or misrepresentation of this or any other personnel record may prevent the start of volunteer work. In the event of volunteering, you agree to abide by all present and subsequently issued rules of the Peoria Park District. Thanks once again and please let us know if you have any questions.

Volunteer Coordinator
PEORIA PARK DISTRICT
1125 W. Lake Avenue
Peoria, IL 61614
FAX (309) 686-3352
PH (309) 681-2827 or 2822
volunteers@peoriaparks.org

Peoria Park District Volunteer Application

Part A

Name _____
Last First Middle

Address _____
Street City State Zip

Home/Cell Phone _____ Work Phone _____

E-mail _____ I would like to be contacted by ___phone ___email ___mail.

In an emergency, contact _____ Phone _____

Relationship _____ Your Organization/ Group _____

Do you have any condition or disability for which you may require accommodation to perform the essential functions of a task or activity?

Employer/School _____ Title/ Occupation: _____

Part B (Some volunteer assignments have an age requirement. Volunteers 13 years old and younger must be accompanied by a parent or guardian during volunteer service hours.)

Age Group: 13 & younger _____ 14-15 _____ 16-17 _____ 18-20 _____ 21 & over _____

Excluding relatives, please provide two personal references:

***Please note that references will be contacted regarding your qualifications.**

Name	Phone/ E-mail	Street Address	City	Zip
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Part C

How did you find out about volunteer opportunities at the Peoria Park District?

Are you seeking to volunteer in order to satisfy court-ordered community service? ___ yes ___ no

What has inspired you to share your time, your energy, and your talents with the Peoria Park District?

Time Commitment

___ 1-3 months
___ 4-6 months
___ 7-9 months
___ 10-12 months
___ a year or longer

Starting date: _____

Ending date: (if known) _____

Time Available

Weekdays: ___ mornings
___ afternoons
___ evenings
Weekends: ___ mornings
___ afternoons
___ evenings

Peoria Park District Volunteer Liability Waiver

Volunteer's Name (Please Print) _____

Facility/Event/Project _____ Assignment Title _____
(If known) (If known)

As a volunteer for the Peoria Park District or the parent/guardian of a volunteer, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume full responsibility of any injuries, including death, damages or loss which I or my minor child/ward may sustain as a result of participating in the volunteer program.

I do hereby fully release and discharge the Peoria Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may accrue to me on account of participation in the volunteer program.

In the event of an emergency, I authorize Peoria Park District officials to secure from any licensed hospital, physician, and/or medical personnel or good samaritan first aid providers, any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I understand that the Peoria Park District provides secondary medical expense coverage up to \$5,000 for injuries incurred while performing my volunteer duties. I also understand that my personal health coverage or medic are/medic aid coverage must pay first.

In addition, I hereby consent to the use of my photograph in Park District brochures, publications, slide presentations, etc.

I have read and fully understand the above details of the volunteer program waiver and release of all claims and permission to secure medical treatment.

Signature of Volunteer or Parent/Guardian _____ Date _____

Peoria Park District Voluntary Applicant Characteristic Survey

The following information is being collected for statistical tracking of volunteer applicants. This information is confidential and will not be used for purposes of selecting, or excluding anyone from consideration. Provisions of the information are voluntary and will not affect your volunteer application receiving full consideration.

Which of the following applies to you?

Back Caucasian American Indian or Alaska Native
 Hispanic Asian or Pacific Islander Other

Sex: Male / Female (circle)

Thank you for applying. Please return the signed, dated Application (4 pages) to:

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Revised 4/2018

For office use only:

Date office received: _____

Background check received: _____

Volunteer accepted / denied

Notified: _____

Volunteer Position and Location:

Project supervisor and phone:
