



# Wildwood Park District Volunteer Application

Thank you for your interest in volunteering with the Wildwood Park District. Please complete this form and email to [info@wildwoodparkdistrict.com](mailto:info@wildwoodparkdistrict.com) or drop off at Park District front desk.

Name (First, MI, Last): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Organization: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Volunteer Interests: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Race: \_\_\_\_\_  
Prefer Not to Answer \_\_\_\_\_ Prefer Not to Answer \_\_\_\_\_

Have you ever been convicted of, or found to be a child sex offender? YES \_\_\_\_\_ NO \_\_\_\_\_  
\*Pursuant to Illinois Law 70 ILCS 1205/8-23a "those applying to become volunteers must disclose such convictions."

Have you ever been convicted of a felony or misdemeanor? YES \_\_\_\_\_ NO \_\_\_\_\_

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

### Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
To							
From							

### References:

Name	Relationship	Phone	Email

**AGREEMENT:** The Wildwood Park District appreciates your willingness to volunteer your services to assist the district, its patrons, and the community. In signing this form as a Volunteer, you are acknowledging that your services for the District are gratuitous and are intended as a contribution by you for public service for the District, its patrons, and the community and as such, that you will be entitled to no compensation or any fringe benefits or other employment rights applicable to the employees of the Wildwood Park District. It is expressly understood that you are not an employee or agent of the Wildwood Park District and that we will provide you with necessary information and guidance to perform your volunteer services. For any reason whatsoever, either you or the District may terminate this volunteer agreement. While on the District premises you will agree to abide by all of the rules of conduct governing the staff and employees of the department in performing your services. Your signature below authorizes the Wildwood Park District to conduct background checks on the information provided; I certify that the information is true and accurate to the best of my knowledge.

Volunteer Printed Name: \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_