Volunteer Application

Applicant Name: _____

Organization: _____

Address: _____

Email Address: _____

Cell Phone: _____

Age: _____

Emergency Contact: _____

Emergency Phone: _____

Volunteer interests:

_____

_____

Why would you like to volunteer at GPD?

_____

_____

Have you ever been convicted of, or found to be a child sex offender?

☐Yes

☐No

If marked yes, which state? _____

*Pursuant to Illinois Law 70 ILCS 1205/8-23a "those applying to become volunteers must disclose such convictions."

_____ _____

Signature of Applicant **Date**

_____ _____

Signature of Parent/Legal Guardian (if under 18) **Date**

VOLUNTEER ACKNOWLEDGEMENT FORM

I agree and represent that I have read or will read the Volunteer Manual for the Gurnee Park District. I understand that this has been developed as a reference guide for volunteers of the Park District.

I understand that I am representing Gurnee Park District while I am volunteering. I will uphold their SOFFI Standards as described in the Volunteer Manual to my best ability.

I understand that my behavior does influence participants, and I will do my best to maintain a positive attitude for the duration of my time volunteering. I also understand that the Recreation Team Assistant, and/or Program Supervisor, has the authority to release me of my role as a volunteer, if they feel I am not upholding the Park District's standards.

Sign _____ Date _____

VOLUNTEER WAIVER & RELEASE
IMPORTANT INFORMATION

The Gurnee 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 Gurnee 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 Gurnee 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 Gurnee 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 Gurnee 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.

_____
Name of Volunteer – Please Print

_____ _____
Signature of Volunteer Date

_____ _____
Signature of Parent/Guardian (If volunteer/participant is under 18 years old) Date

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