

VOLUNTEER APPLICATION

PRINT LAST NAME

DATE OF APPLICATION

HOFFMAN ESTATES PARK DISTRICT
 1685 W. Higgins Road
 Hoffman Estates IL 60195-2998
 (847) 855-7500

Volunteer Application Applying For:	
<input type="checkbox"/>	Recreation
<input type="checkbox"/>	Maintenance
<input type="checkbox"/>	Office
If coaching youth sports, which sports are you volunteering for:	

PERSONAL

Applicant's Name Last _____ M.I. _____ First _____
 Sex M _____ F _____ Social Security #: _____ - _____ - _____

Address	Street	City	State	Zip Code	Telephone Number
					() - -

Were you previously employed by the Hoffman Estates Park District? Yes No
 Supervisor's Name _____

Have you ever been convicted of a felony? ____ Yes ____ No
This question must be answered to be considered for a position with the HEPD

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No If a student, when are you going back to school? _____
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EDUCATION

CIRCLE THE HIGHEST GRADE COMPLETED	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	DEGREE AND MAJOR
ELEMENTARY SCHOOL 1 2 3 4 5 6		<input type="checkbox"/> Yes YEAR <input type="checkbox"/> No	
JUNIOR HIGH SCHOOL 7 8		<input type="checkbox"/> Yes YEAR <input type="checkbox"/> No	
SENIOR HIGH SCHOOL 1 2 3 4		<input type="checkbox"/> Yes YEAR <input type="checkbox"/> No	
COLLEGE 1 2 3 4		<input type="checkbox"/> Yes YEAR <input type="checkbox"/> No	
POST GRADUATE		<input type="checkbox"/> Yes YEAR <input type="checkbox"/> No	

Are you skilled in any trade or office procedure which would be beneficial to the Hoffman Estates Park District?
 Please explain:

LIST SPECIAL INTERESTS

Blank lines for listing special interests.

EMPLOYMENT REFERENCES

(List below all present and past employment, beginning with your most recent.)

Name & Address of Company and type of business	Phone Number ()	Reason(s) for leaving	
	Title	Name of Supervisor	
	Dates of Employment (Mos./Yr.) From: To:	Starting Salary	Ending Salary

Do you object to having your present or former employer(s) contacted? Yes No

EXPERIENCE

State any other courses, certificates, training, or experiences, which would tend to qualify you for the position for which you are applying:

Blank lines for listing experience.

Emergency Contact Name: _____

Telephone Number: () _____

Relationship: _____

The information provided on this application is completely accurate. I understand that false statements made on this application shall be sufficient to either eliminate me from consideration for employment or, if hired, for my dismissal.

_____ Date

_____ Applicant's Signature

Waiver and Release of all Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in the Hoffman Estates Park District identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any injuries, including death, damages or loss regardless of severity, that my minor child/ward may sustain as a result of participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Hoffman Estates Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as Hoffman Estates Park District).

I do hereby fully release and forever discharge the Hoffman Estates Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

_____ Date

_____ Signature