

KENDALL COUNTY FOREST PRESERVE DISTRICT

110 WEST MADISON STREET

YORKVILLE IL 60560

630 553-4025

VOLUNTEER APPLICATION

All sections of this volunteer application form must be completed. Volunteer applications may not be submitted electronically, an original signature is required.

PERSONAL INFORMATION

Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip

Home Phone: _____ Cell Phone: _____

Email: _____

Are you under age 13? Yes No

Are you 16 years of age or older? Yes No

Have you previously applied to a volunteer position at the District? Yes No

Referral Source: Website/Newsletter Employee Walk-in Other Volunteer Other

Will you be seeking school credit for this volunteer position? Yes No

VOLUNTEER POSITION(S) APPLIED FOR (IN ORDER OF PREFERENCE):

1. Program: _____ Volunteer Position: _____

2. Program: _____ Volunteer Position: _____

3. Program: _____ Volunteer Position: _____

4. Program: _____ Volunteer Position: _____

Days that you are available to volunteer for the District:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Morning Morning Morning Morning Morning Morning Morning
 Afternoon Afternoon Afternoon Afternoon Afternoon Afternoon Afternoon
 Evening Evening Evening Evening Evening Evening Evening

Are you able to perform all essential functions of the volunteer position you are applying for? Yes No

Please tell us about any special skills or interests of yours that may be relevant to volunteering for the District:

EDUCATION INFORMATION

School	Name of School	Graduate	Degree	Major/Area of Study
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Junior College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Technical School		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please list any special training, skill, licenses, and certifications that you have that are relevant to the volunteer position(s) you are seeking: _____

EMPLOYMENT

Please list employers beginning with your present or most recent employment. Include US military service and experience that relates to the volunteer position(s) for which you are applying. Please indicate if you are a student or are retired.

1. Employer: _____
Name City State Phone
Position Held: _____ Dates From: _____ To: _____
Duties: _____

2. Employer: _____
Name City State Phone
Position Held: _____ Dates From: _____ To: _____
Duties: _____

VOLUNTEER HISTORY

Please list your volunteer experience beginning with your present or most recent volunteer position.

1. Organization: _____
Name City State Phone
Position Held: _____ Dates From: _____ To: _____
Duties: _____

2. Organization: _____
Name City State Phone
Position Held: _____ Dates From: _____ To: _____
Duties: _____

PERSONAL REFERENCES

Please list persons who you know well, not previous employers or relatives.

	<u>Name</u>	<u>Occupation</u>	<u>Address</u>	<u>Phone</u>	<u>Years Known</u>
1.					
2.					
3.					

RELEASE OF LIABILITY

The information contained in this application is true to the best of my knowledge. I understand that any false or inaccurate information or misrepresentation of facts given in my application or interview(s) may be sufficient reason for the rejection of my candidacy for a volunteer position or for termination of my volunteer position without notice.

I understand and agree that all information furnished in the application may be verified by the Kendall County Forest Preserve District ("District"), or its authorized representatives. I waive any right I may have to notification from any individuals and organizations named or referred to in this application and any law enforcement organization before they provide information about me to the District. I hereby release such individuals, organizations, and the District from any and all liability for any claim or damage resulting there from.

I affirm that I am not applying for employment with the District. As a volunteer, I understand that I shall not be an employee of the District. I understand that I will not receive any compensation or benefits in connection with my work as a District volunteer.

I hereby acknowledge that I have read and understand the above statements:

Signature: _____ Date: _____

Note - If the applicant is under 18 years of age, a parent or the guardian of the applicant must sign this application on behalf of the applicant, agreeing to the terms and conditions of this application. If applicable, a parent or guardian must sign below.

Signature: _____ Date: _____
(Parent or Guardian)