

Volunteer Application

| Last Name | First Name | | _ Middle Initial | |
|---|-----------------|-------------------|------------------|--|
| Address | City | | Zip | |
| Home Phone | | Cell Phone | | |
| E-Mail | | | | |
| Are you 18 are older? | Yes No | | | |
| If Yes, we need the following information for a criminal background check | | | | |
| Race | Pleas | e circle either: | Male or Female | |
| Are you 14 or older? | Yes No | | | |
| If no, please list the parent or guardian you will be volunteering with: | | | | |
| Emergency Contact Name & Number | | | | |
| Please circle all areas you are willing to volunteer for: | | | | |
| Head Coach | Assistant Coach | Office Assistant | Special Events | |
| Program Assistant | Aquatic Center | Maintenance/Custo | odial | |
| Other: (Please specify) | | | | |
| Please list specific Programs/Activities/Seasons: | | | | |
| | | | | |
| | | | | |
| | | | | |

| Please list any applicable certifications: | | | | |
|---|--|--|--|--|
| | | | | |
| Please list any past applicable experience: | | | | |
| | | | | |
| Volunteer Informed 0 | Consent and Release | | | |
| I offer to volunteer my services to the Genesse be paid for my time. As a volunteer, I acknow physical injury to volunteers in their activities all injuries, damages or loss, that I may sustagree to waive and relinquish all claims I may volunteering in this activity against the Gene officials, agents, volunteers and employees. Park District to use photos or video coverage promotions, and that these photos/videos religious promotions are supported by the Genes of the Control of the Genes of the | wledge that there are certain risks of s, and I agree to assume full risk of any and ain as a result of said participation. I further by have (or accrue to me) as a result of seo Park District, including its officers, Additionally, I hereby give consent for the e of me in future publications and | | | |
| Criminal Background Check | | | | |
| I hereby verify that I have not been convicted | d of or found to be a child sex offender. | | | |
| Volunteer Signature | Date | | | |
| I hereby authorize the Geneseo Park District Background Investigation. | t to conduct an Illinois State Police Criminal | | | |
| Volunteer Signature | Date | | | |