

## **Volunteer Application**

Last Name	First Name _		_ Middle Ir	nitial	
Address	City		Zip		
Home Phone		Cell Phone			
E-Mail					
Are you 18 are older?	Yes No	Birthdate _			
If Yes, we need the following information for a criminal background check					
Social Security #					
Race	Please	e check either:	Male	Female	
Emergency Contact Name & Number					
Please check all areas you are willing to volunteer for:					
Head Coach	Assistant Coach	Office Assistant	Special Events		
Program Assistant Aquatic Center Maintenance/Custodial					
Other: (Please specify)					
Please list any applicable certifications					
Please list any past applicat	ble experience				

## **Volunteer Informed Consent and Release**

I offer to volunteer my services to the Geneseo Park District, and recognize that I will not be paid for my time. As a volunteer, I acknowledge that there are certain risks of physical injury to volunteers in their activities, and I agree to assume full risk of any and all injuries, damages or loss, that I may sustain as a result of said participation. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of volunteering in this activity against the Geneseo Park District, including its officers, officials, agents, volunteers and employees. Additionally, I hereby give consent for the Park District to use photos or video coverage of me in future publications and promotions, and that these photos/videos remain the property of the Park District.

## **Criminal Background Check**

By providing my name below, I herby ve to be a child sex offender.	erify that I have not been convicted of or found
Volunteer Signature	Date
By providing my name below, I herby au an Illinois State Police Criminal Backgro	Ithorize the Geneseo Park District to conduct und Investigation.
Volunteer Signature	Date