



Volunteer Application

Instructions: All volunteers must complete this application prior to being considered for or beginning any volunteer work assignment. Please sign and date on the bottom of page 2. A parent or legal guardian may complete the application on behalf of a prospective volunteer who is under 18 years of age.

DATE ____ / ____ / ____

NAME: _____

ADDRESS: _____

PHONE: (Home) _____ (Work) _____ (Cell) _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____

(Relationship) _____ (Cell) _____

AREA OF INTEREST: (Please check all that apply)

Specific Park District Programs or Facilities

Special Events (Egg Scramble, Concerts, Movie Nights, Kids Concert, Car Show, National Night Out, International Festival, Fallapooloza, Boonaza, Thanksgiving Feast, Breakfast w/Santa, Happy Noon Year)

Senior Programming

Preschool Programming

Youth Soccer

Youth Basketball

Youth Dance

T/Ball & Rookie Ball

Community Recreation Center

Other: _____

Volunteer Acknowledgement:

I have received a copy of the Wheeling Park District volunteer manual and have completed volunteer training. I am fully aware of existing policies, will adhere to all rules and regulations and feel I can perform my volunteer duties in a safe manner.

Volunteer's Signature: _____

Date: _____

Print Name:

Parent/Guardian Signature **if volunteer is under the age of 18:**

Parent/Guardian Signature: _____

Date: _____

Print Name:

Please sign this acknowledgement form and return to your volunteer supervisor before you report for volunteer duties.