



Welcome!

Dear Prospective Volunteer,

Welcome to the Volunteer Program at Hoffman Estates Park District! As you enter the volunteer program, we hope you are looking forward to the opportunity to learn and contribute your efforts to enhance recreational opportunities within our community. You will soon discover that the most meaningful reward in volunteering is a sense of association and accomplishment. Our work ethic is built around the premise that we can contribute. Together, we build synergy that allows us to accomplish the easy as well as the impossible.

Hoffman Estates Park District has adopted a hiring procedure to better safeguard the children and youth in our programs. Currently all new full time, part time, coaches and volunteer working in child sensitive positions, are subject to a criminal background check.

The background investigation will be conducted prior to the beginning of the volunteer programs in which you are involved. Enclosed in the volunteer packets is a release from giving you consent to the Hoffman Estates Park District to conduct a criminal background check. Please complete the form and return it to the appropriate staff supervisor as soon as possible.

On behalf of the Board of Commissioners and staff of the Hoffman Estates Park District, we thank you for your participation.

Sincerely,



Dean Bostrom
Executive Director
Hoffman Estates Park District



Volunteer Application

Date _____

Name _____

Address _____

Cell _____

Email _____

Indicate the age group you prefer to work with :

- Special Events Parks Children Adults Seniors Children
 Other _____

What days and times are you available:

- Monday Tuesday Wednesday Thursday Friday Weekends
 Mornings Afternoons Evenings

Emergency contact information:

Name	Cell	Relationship
_____	_____	_____

Waiver and Release of all Claims and Assumption of Risk

Please read this form carefully and be aware that in consideration for providing volunteer services, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you may sustain as a result of participating in any and all activities connected with and associated with your volunteer services (including transportation services/vehicle operations, when provided).

As a volunteer, I recognize and acknowledge that there are certain risks of physical injury to volunteers in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of my volunteer services. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of my volunteer services against the District, including its officers, officials, agents, volunteers, and employees (hereinafter collectively referred as "Parties").

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with my volunteer services.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online or via fax, my online facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature _____

Date _____



Authorization for Volunteer Service Background Check

Print First Name _____ M.I. _____ Last Name _____

Volunteer Services Applied For: _____

Facility: _____

Supervisor: _____

I understand and agree that the Hoffman Estates Park District reserves the right to conduct a background check on me prior to my association and/or any time during my association with the Hoffman Estates Park District. I

I understand that my volunteer services may be contingent upon the review of my background check to determine if I have had a criminal conviction or traffic cases which would affect the volunteer service for which I am entering into with the Hoffman Estates Park District. Additionally, at any time during my association with the Park District, continuation of my volunteer services may be contingent upon the review every two years of a background check to determine if I have any additional criminal convictions or traffic cases which would affect my association with the Park District.

I understand that the Hoffman Estates Park District reserves the right to eliminate, modify or limit my volunteer association subsequent to receipt and review of my background check. Please be assured this information will not be used for any other purpose and will be kept in a secured location.

Print First Name _____ M.I. _____ Last Name _____

Birth Date ____/____/____ Social Security # ____-____-____ Sex ____M____F

Drivers License # _____ State Issued _____ Phone/Cell # _____

Race: Standard Illinois State Police Codes are:

____W (White), ____B (Black), ____A (Asian) ____I (Indian/Alaskan), ____U (Unknown)

Signature

Date



Volunteer Orientation Checklist

Date _____

Name _____

Address _____

Cell _____

Email _____

- Application
- Authorization for Volunteer Service Background Check
- Waiver and Release of all Claims and Assumption of Risk
- Supervisor Provided Duty Specific Information, Tasks, and Training
- Volunteer Training Prezi

I have completed a Volunteer Orientation and Training and I can perform my duties in a safe manner.

Signature

Date

Supervisor Signature

Date