Crystal Lake Park District Volunteer Form

Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ T-Shirt Size? S M L XL XXL

Please list any hobbies, interests, or skills: _____

_____

Previous volunteer experience: _____

_____

Previous volunteer expereince with the Crystal Lake Park District: _____

_____

At what times are you interested in volunteering?

week days weekend days flexible

week nights weekend nights other _____

How did you hear about our volunteer program?

brochure newspaper program participant

referred by other volunteer other: _____

Please give us two personal references:

Name: _____ Phone: _____

Name: _____ Phone: _____

Is there a particualr type of volunteer work in which you are interested? (Please circle all that apply.)

teen center	nature center	special events
senior programs	races	
coaching sports	office assistance	

Please list sports: _____

Medical Information:

Please list any medical conditions you may have (i.e., allergies, special needs, or restrictions): _____

_____

Physician's name and phone number: _____

Please list two people who may be notified in the event of a medical emergency:

Name and relation: _____
Phone: _____

Name and relation: _____
Phone: _____

Please read this form carefully and be aware that in signing and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided).

I recognize and acknowledge that certain risks of physical injury to participants 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 my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Crystal Lake Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred to as the Crystal Lake Park District).

I do hereby fully release and forever discharge the Crystal Lake Park District from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

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 a minor participant, I further attest that I have read the above to my minor child/ward.

Volunteer's Signature: _____

If under the age of 18, parent/guardian signature is required: _____

Date: _____