

# FOX VALLEY PARK DISTRICT

## Volunteer Application

Thank you for your interest in becoming a member of Fox Valley Park District's Fox Force Volunteers! Volunteers are essential in helping us provide the services needed to fulfill our mission to enrich our community with fun, diverse and safe park and recreation experiences through environmentally and fiscally responsible actions. We are where fun begins!

### Personal Information

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_ HOME NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

BEST TIME AND METHOD TO REACH YOU \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CELL \_\_\_\_\_

Are you under 18 years of age?  Yes  No

Are you volunteering for community service credit?  Yes  No

Do you have any special requirements or medical conditions that we should be aware of?  Yes  No

If yes, please describe below:

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Please list employment, coaching and/or volunteer experience:

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If you represent a group or organization, please name/describe: \_\_\_\_\_

What type of volunteer opportunities are you looking for? \_\_\_\_\_

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What is your availability (days, times, seasons, hours per week or month)? \_\_\_\_\_

Are you interested in one-time volunteer opportunities?  Yes  No

What skills/experiences would you like to share as a volunteer? \_\_\_\_\_

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Applicable coaching education (coarses, clinics, books, etc.)? \_\_\_\_\_

Please sign below that you have received Fox Valley Park District's Volunteer Manual

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# FOX VALLEY PARK DISTRICT

## **Volunteer Waiver & Release**

### **Important Information**

The Fox Valley Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of volunteers in high regard. The Fox Valley Park District continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions that are designed to protect the volunteer's safety. However, volunteers must recognize that there is an inherent risk of injury when choosing to volunteer for any activity or program.

Please recognize that the Fox Valley Park District carries only limited medical accident coverage for volunteers; therefore, it is strongly urged that all volunteers review their own health insurance policy for coverage. Additionally, each volunteer is solely responsible for determining if he/she is physically fit and/or properly skilled for any volunteer activity. It is always advisable, especially if the volunteer is pregnant, disabled in any way, or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

### **Warning of Risk**

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when providing volunteer services. Understandably, not all hazards and dangers can be foreseen. Volunteers must understand that depending upon the volunteer services, certain risks, dangers and injuries due to acts of God, inclement weather, slip and falls, inadequate or defective equipment, failure in supervision or instruction, premises defects, horseplay, carelessness, lack of skill or technique, and all other circumstances inherent to the particular volunteer services exist. In this regard, it must be recognized that it is impossible for the Fox Valley Park District to guarantee absolute safety.

### **Waiver & Release of All Claims / 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 Fox Valley Park 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 on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PARTICIPATION WILL BE DENIED IF THE VOLUNTEER SIGNATURE AND DATE ARE NOT FILLED OUT.**

# FOX VALLEY PARK DISTRICT

## Child Sex Offender Disclosure

The Fox Valley Park District is required by State Statute (720 ILCS 5/11-9.3) to require all volunteers to complete an application prior to beginning volunteer services. As part of this application, we are required to ask and obtain information whether a prospective volunteer has been convicted of, or has been found to be, a child sex offender.

**Park District Cannot Engage a Volunteer with a Qualifying Child Sex Offender Conviction or Status:** The Act prohibits a park district from knowingly engaging a volunteer who has been convicted of, or found to be, a child sex offender, and requires a park district to terminate the services of a volunteer upon discovery that a volunteer has such a conviction or status. The crimes currently identified as disqualifying offenses include those listed in Section 11-9.3 of the Illinois Criminal Code of 2012 (720 ILCS 5/11-9.3).

**Volunteer Must Disclose Conviction or Status to Park District if Already Engaged:** The Act also requires any volunteer already working for a park district who has been convicted of or found to be a child sex offender, to immediately disclose the conviction or finding to the park district.

**Definitions:** The Act defines "volunteer" as any person who reports to, or is under the direct supervision of, a park district's administrative staff, and provides personal services to a park district recreational program offered to children. Even if the definition is not technically met (e.g., the volunteers report directly to an affiliate organization and not to the park district), **the district is required to have ALL volunteers who have contact with children to provide a brief volunteer application form answering the questions regarding child sex offender convictions and status.**

"Child sex offender" is defined as a person convicted of certain child sex crimes or found not guilty of such crimes by reason of insanity. It also includes any person certified to be a "sexually dangerous person" pursuant to the Illinois Sexually Dangerous Persons Act, or similar federal law or law of another state.

Have you ever been convicted of, or been found to be, a child sex offender?     Yes, I have     No, I have not

**I have read and fully understand the above important information, Child Sex Offender Disclosure requirement. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# FOX VALLEY PARK DISTRICT

## Volunteer Criminal Background Release

Many of the Fox Valley Park District Programs depend upon Volunteers for park clean-up, special events, dance and theater productions, preschool assistants, etc. If you have the time and are willing to help, please fill out the form below as completely as possible. The Fox Valley Park District will conduct Criminal Background Checks on selected volunteers as necessary depending on the type of activity. It is important that you provide all of the information that is requested, which shall be held in confidence. We are committed to ensuring the safest environment possible for our participants and the community as a whole. Thank you for your cooperation in this matter.

**Please check the appropriate category you are interested in:**

Park clean up events    Special Events    Dance/theater production    Preschool Assistant    Other: \_\_\_\_\_

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### Criminal Background Check Information (PRINT CLEARLY)

FULL FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

Sex Designations	Race Designations	
<b>M</b> Male	<b>W</b> White (includes Latinos)	<b>I</b> Indian/Alaskan Native
<b>F</b> Female	<b>B</b> Black	<b>U</b> Unknown
<b>U</b> Unknown	<b>A</b> Asian/Pacific Islander	

**WAIVER AND RELEASE:** I understand that a successful Criminal Background Check is a condition of volunteering with the Fox Valley Park District. I consent to the Fox Valley Park District obtaining my criminal conviction history from the Illinois State Police and/or FBI. I understand I will be provided with a copy of the Criminal Background Check if any convictions are reported, and my duty under the law is to notify the Fox Valley Park District within seven (7) working days if the information is inaccurate or incomplete. I hereby fully release and discharge the Fox Valley Park District, its officers, agents and employees, from any and all claims for damages which may arise from participating in or as a result of the Criminal Background Check, except for willful and wanton conduct. The Fox Valley Park District will keep this form on file for a minimum of two (2) years. I have read and fully understand this release form.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### OFFICE USE ONLY

VOLUNTEER APPROVED:    Yes    No

IF NO, PROVIDE REASON \_\_\_\_\_

PROGRAM/ACTIVITY \_\_\_\_\_

SUPERVISOR NAME \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_