

# KENDALL COUNTY FOREST PRESERVE DISTRICT

110 WEST MADISON STREET

YORKVILLE IL 60560

630 553-4025

## VOLUNTEER APPLICATION

All sections of this volunteer application form must be completed. Volunteer applications may not be submitted electronically, an original signature is required.

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Street

City

State

Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you under age 13?  Yes  No

Are you 16 years of age or older?  Yes  No

Have you previously applied to a volunteer position at the District?  Yes  No

Referral Source:  Website/Newsletter  Employee  Walk-in  Other Volunteer  Other

Will you be seeking school credit for this volunteer position?  Yes  No

### VOLUNTEER POSITION(S) APPLIED FOR (IN ORDER OF PREFERENCE):

1. Program: \_\_\_\_\_ Volunteer Position: \_\_\_\_\_

2. Program: \_\_\_\_\_ Volunteer Position: \_\_\_\_\_

3. Program: \_\_\_\_\_ Volunteer Position: \_\_\_\_\_

4. Program: \_\_\_\_\_ Volunteer Position: \_\_\_\_\_

Days that you are available to volunteer for the District:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday  
 Morning  Morning  Morning  Morning  Morning  Morning  Morning  
 Afternoon  Afternoon  Afternoon  Afternoon  Afternoon  Afternoon  Afternoon  
 Evening  Evening  Evening  Evening  Evening  Evening  Evening

Are you able to perform all essential functions of the volunteer position you are applying for?  Yes  No

Please tell us about any special skills or interests of yours that may be relevant to volunteering for the District:

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**EDUCATION INFORMATION**

School	Name of School	Graduate	Degree	Major/Area of Study
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Junior College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Technical School		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please list any special training, skill, licenses, and certifications that you have that are relevant to the volunteer position(s) you are seeking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT**

Please list employers beginning with your present or most recent employment. Include US military service and experience that relates to the volunteer position(s) for which you are applying. Please indicate if you are a student or are retired.

1. Employer: \_\_\_\_\_  
Name City State Phone  
Position Held: \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
Duties: \_\_\_\_\_

2. Employer: \_\_\_\_\_  
Name City State Phone  
Position Held: \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
Duties: \_\_\_\_\_

**VOLUNTEER HISTORY**

Please list your volunteer experience beginning with your present or most recent volunteer position.

1. Organization: \_\_\_\_\_  
Name City State Phone  
Position Held: \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
Duties: \_\_\_\_\_

2. Organization: \_\_\_\_\_  
Name City State Phone  
Position Held: \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
Duties: \_\_\_\_\_

**PERSONAL REFERENCES**

Please list persons who you know well, not previous employers or relatives.

	<u>Name</u>	<u>Occupation</u>	<u>Address</u>	<u>Phone</u>	<u>Years Known</u>
1.					
2.					
3.					

**RELEASE OF LIABILITY**

The information contained in this application is true to the best of my knowledge. I understand that any false or inaccurate information or misrepresentation of facts given in my application or interview(s) may be sufficient reason for the rejection of my candidacy for a volunteer position or for termination of my volunteer position without notice.

I understand and agree that all information furnished in the application may be verified by the Kendall County Forest Preserve District ("District"), or its authorized representatives. I waive any right I may have to notification from any individuals and organizations named or referred to in this application and any law enforcement organization before they provide information about me to the District. I hereby release such individuals, organizations, and the District from any and all liability for any claim or damage resulting there from.

I affirm that I am not applying for employment with the District. As a volunteer, I understand that I shall not be an employee of the District. I understand that I will not receive any compensation or benefits in connection with my work as a District volunteer.

I hereby acknowledge that I have read and understand the above statements:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note - If the applicant is under 18 years of age, a parent or the guardian of the applicant must sign this application on behalf of the applicant, agreeing to the terms and conditions of this application. If applicable, a parent or guardian must sign below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)