

Peoria Park District Volunteer Questionnaire

Part A

Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Fax _____

E-mail _____ I would like to be contacted by ___ phone___ email ___ mail.

In an emergency, contact _____ Phone _____

Relationship _____ Your Organization/ Group _____

Do you have any condition or disability for which you may require accommodation to perform the essential functions of a task or activity?

Employer/School _____ Title/ Occupation: _____

Part B (Some volunteer assignments have an age requirement. Volunteers 13 years old and younger must be accompanied by a parent or guardian during volunteer service hours.)

Age Group: 13 & younger _____ 14-15 _____ 16-17 _____ 18-20 _____ 21 & over _____

Please provide two personal references: (Please do not include relatives.)

Name Street Address City Zip Phone/ E-mail

Part C

How did you find out about volunteer opportunities at the Peoria Park District?

Are you seeking to volunteer in order to satisfy court-ordered community service? ___ yes ___ no

What has inspired you to share your time, your energy, and your talents with the Peoria Park District?

Time Commitment

___ 1-3 months

___ 4-6 months

___ 7-9 months

___ 10-12 months

___ a year or longer

Starting date: _____

Ending date: (if known) _____

Time Available

Weekdays: ___ mornings

___ afternoons

___ evenings

Weekends: ___ mornings

___ afternoons

___ evenings

Are there any specific facilities in the Peoria Park District where you would prefer to volunteer?

(Check all that apply.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Luthy Botanical Garden | <input type="checkbox"/> Forest Park Nature Center | <input type="checkbox"/> Glen Oak Zoo |
| <input type="checkbox"/> CCT/ Arts Productions | <input type="checkbox"/> HOI Special Rec. Assn. | <input type="checkbox"/> Proctor Center |
| <input type="checkbox"/> Logan Rec. Center | <input type="checkbox"/> Recreation/ Coaching | <input type="checkbox"/> Riverfront Operations |
| <input type="checkbox"/> Riverplex | <input type="checkbox"/> W.H. Sommer Park | Other: _____ |

Part D

Please **rank your top 3 interests** for volunteer work (1= most interested).

- ARTS** (theater, crafts, music, graphics, etc.)
- FOOD SERVICE** (concessions, food prep)
- HEALTH SERVICES** (aerobics, first aid, nurse, EMT, signing, etc.)
- EDUCATION** (tutoring, adult literacy, public speaking, etc.)
- OFFICE** (clerical, computers, telephones)
- RECREATIONAL SPORTS** (baseball, basketball, golf, soccer, coaching, etc.)
- ENVIRONMENT/ ANIMALS** (horticulture, nature, animals)
- MISCELLANEOUS** (please describe) _____

Any special training, certification or degrees that should be considered for placement? If a student, when will you graduate? _____

Please describe your background or any specific experiences you have had in the above interests.

While the park district has many long term volunteer opportunities, there is also a need for short term volunteers at special events. May we contact you to participate for special events? Yes No

Part E

Have you ever been convicted of a misdemeanor (crime involving dishonesty or violence) or a felony crime?

Yes No If yes, describe: _____

(Conviction will not necessarily be a bar to volunteering. Every instance and explanation will be considered individually.)

All regular volunteer assignments are contingent upon the successful completion of screening requirements, for example: background checks, driver abstract check and a drug screen. **You must complete the following:**

Driver's License or State ID Number

Date of Birth

Your signature authorizes the investigation of all information pertaining to the screening items as may be necessary.

Signature of volunteer or parent/guardian

Date

Please return the signed, dated copy to:

Manager of Volunteers
Peoria Park District
2218 N. Prospect Rd.
Peoria, IL 61603
Ph (309) 681-2822 or 681-2827
FAX (309) 686-3352

For office use only:

Date office received: _____
Background check received: _____
Volunteer accepted / denied
Notified: _____
References Checked: 1. _____ 2. _____
Volunteer Position and Location: _____
Project supervisor and phone: _____

The Peoria Park District Volunteer Liability Waiver

Volunteer's Name (Please Print) _____

Volunteer's Age Group: 14-15 _____ 16-17 _____ 18-20 _____ 21 & Over _____

School/Organization (list school, etc.) _____

Address _____

—

City _____ State _____ Zip _____ + 4 _____

Facility/Event/Project _____ Assignment Title _____

As a volunteer for the Peoria Park District or the parent/guardian of a volunteer, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume full responsibility of any injuries, including death, damages or loss which I or my minor child/ward may sustain as a result of participating in the volunteer program.

I do hereby fully release and discharge the Peoria Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may accrue to me on account of participation in the volunteer program.

In the event of an emergency, I authorize Peoria Park District officials to secure from any licensed hospital, physician, and/or medical personnel or good samaritan first aid providers, any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I understand that the Peoria Park District provides secondary medical expense coverage up to \$5,000 for injuries incurred while performing my volunteer duties. I also understand that my personal health coverage or medic are/medic aid coverage must pay first.

In addition, I hereby consent to the use of my photograph in Park District brochures, publications, slide presentations, etc.

I have read and fully understand the above details of the volunteer program waiver and release of all claims and permission to secure medical treatment.

Signature of Volunteer or Parent/Guardian

A parent/guardian must sign for a minor.

Date _____

Telephone H: _____ W: _____

Please return the signed, dated copy to:

Manager of Volunteers

PEORIA PARK DISTRICT

2218 N. Prospect Road

Peoria, IL 61603-2193

FAX (309) 686-3352 // PH (309) 681-2822 or 2827