

# HAVANA PARK DISTRICT

Havana, IL 62644

Phone: (309) 543-6240

Fax: (309) 543-6776

## Volunteer Application

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email (Optional): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Do you have a valid driver's license? (Circle One)      Yes              No

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Special training, certification, skills, or experience:

\_\_\_\_\_

Community Affiliations (Clubs, service organizations, etc.):

\_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

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

Have you been convicted of or found to be a child sex offender? (Circle One)

Yes

No

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal. I agree to allow the Havana Park District to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that the park district is not obligated to appoint me as a volunteer, and I release and agree to hold harmless the Havana Park District, officers, employees, and volunteers from liability.

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

Applicant Name (Please Print): \_\_\_\_\_