



GRAYSLAKE PARK DISTRICT

Volunteer Incentive Program (V.I.P.) Application

Full Name: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Best Phone Number to reach you: _____
Email: _____

In the event of an emergency, whom should we contact?

Name: _____ Relationship: _____
Home Phone: _____ Cell: _____

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 online or via fax, my online/facsimile signature shall substitute for and have the same legal effect as an original form signature.

Applicant Signature: _____ Date: _____

Due to age of V.I.P. Program applicants, Parent Signature is required

PRINT – Parent Name _____

Parent Signature _____

Please return form to:

Grayslake Park District
Attn: Patty Anderson
240 Commerce Drive
Grayslake, IL 60030

panderson@glpd.com

