



GRAYSLAKE PARK DISTRICT Volunteer Application

Date: _____

First and Last Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Are you currently employed?: _____ yes _____ no

May we contact your current employer?: _____ yes _____ no

If yes, name & telephone of employer: _____

Have you ever been convicted of a crime other than a minor traffic violation? ___yes ___no

If yes, please explain: _____

Have you ever been convicted of or found to be a child sex offender? ___yes ___no

Name and phone number of at least two character references:

Are there any medical, physical or other concerns, which would limit the type of volunteer work you perform? If so, please indicate:

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

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

Grayslake Community Park District
VOLUNTEER WAIVER & RELEASE

IMPORTANT INFORMATION

The Grayslake Community 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 Grayslake Community 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 Grayslake Community 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 Park District/SRA to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND 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 Grayslake Community 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.

Have you ever been convicted of or found to be a child sex offender? Yes No

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.

PLEASE PRINT VOLUNTEER'S Name _____

VOLUNTEER's Signature _____ Date _____

****PARENTS must sign below, if volunteer is under 18 years of age**

PLEASE PRINT PARENT Name _____

PARENT Signature _____ Date _____

PARTICIPATION WILL BE DENIED If signature of the volunteer and date are not on this waiver.