

I want to volunteer because _____

I/We the Parent(s)/Guardian(s) of

_____ do hereby grant permission for my/his/her/picture/video to be used for publicity or in brochures related to the programs of the Oak Lawn Park District.

Signature - Volunteer/Parent/Guardian

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.

I understand that I will not be paid for my services as a volunteer.

I have received the agency's volunteer personnel policies and I agree to abide by the volunteer personnel policies of the agency.

Applicant's Signature

Date

Please Note:
This Volunteer form must be filled out, signed and returned to Volunteer Coordinator.

VOLUNTEER OPPORTUNITES

With the expansion of volunteer services, we can place volunteers in a wide variety of positions throughout the entire park district. The following are just a few examples of different events and programs in need of volunteers.

SPECIAL EVENTS

- Earth Day • Turkey Shoot (*Pavilion*)
- Spookview • Breakfast with Santa
- Easter Egg Hunt • Fourth of July
- Toddler Olympics • Monarch Festival
- Dog Egg Hunt

THEATRE

- Ushers • Selling concessions

PUBLIC RELATIONS

- "SEEMORE" The Eagle appearances

ENVIRONMENTAL

- Clean up Stony Creek
- Community Garden
- "Adopt a Flowerbed" Flower and Tree Planting

SPECIAL RECREATION

(Programs for individuals with disabilities)

- Fundraising
- Aquatics/Competitive Sports
- Special Olympics • Social Clubs



VOLUNTEER SERVICES APPLICATION

OAK LAWN PARK DISTRICT
4625 West 110th Street
Oak Lawn, IL 60453

Phone: 708/ 857-2200
Fax: 708/ 857-7614
E-mail: volunteer@olparks.com

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Name _____

Address _____ City _____ State _____ Zip _____

Phone(PLEASE PRINT CLEARLY) _____ / _____ Cell Phone(PLEASE PRINT CLEARLY) _____ / _____

E-mail (Must Include. PLEASE PRINT CLEARLY): _____ Age _____ Birthday _____

Name of Elementary/High School (If Attending): _____

Have you ever served as a volunteer with us before? No Yes, in what year? _____

Is anyone else at this address already a volunteer here? No Yes, what is their name? _____

Oak Lawn Park District SECURITY RELEASE

"I hereby authorize any and all law enforcement agencies to release all information regarding any conviction record I may have. I hereby release all individuals, corporations and agencies from all liability for any damage whatsoever that may ensue from furnishing same to the Oak Lawn Park District. I hereby agree also to be fingerprinted by the Oak Lawn Police Department if so requested."

Signature _____ Date _____

Oak Lawn Park District VOLUNTEER WAIVER

Volunteer and/or Parental waiver and release from liability and authorization for minors.

I/We hereby authorize myself/my child/ward to volunteer for the Oak Lawn Park District Volunteer Service program. I understand I/my child/ward will be participating in the following program(s) and or special event(s): _____

Signature _____ Date _____

I/We recognize and I/We agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s). I/We agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Oak Lawn Park District and its officers, agents and employees. I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from injuries, damages or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities or the program(s), to include all claims arising out of, connected with or in any way associated with activities of the transportation service, including but not limited to boarding, exiting and transporting. In the event of an emergency, I/We authorize the District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I/We have read and fully understand the above information, warning of risk, assumption of risk, and waiver and release of all claims and permission to secure treatment. If registering online or via fax, I understand my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

I/We have read and understand the above warnings of risk and waiver claims against the Oak Lawn Park District.

Signature _____ Date _____