

Oak Lawn Community Garden Volunteer Application

Contact Information: (2017)

Name _____

Street Address _____

City, State, Zip _____

Home Phone Number _____

Cell Phone Number _____

Email Address: PRINT CLEARLY: _____

Availability: During which hours are you available for volunteer assignments?

Weekday mornings Weekend mornings

Weekday afternoons Weekend afternoons

Weekday evenings Weekend evenings

Interests: Tell us which areas you are interested in volunteering

Administration Deliveries

Volunteer Coordination Caring for the beds/ weeding/ watering

Special Skills or Qualifications: Summarize special skills and qualifications you have acquired from employment, previous volunteer work or through other activities including hobbies or sports.

Previous Volunteer experience:

Person to notify in case of emergency:

Name _____ Phone # _____

Agreement and Signature:

Oak Lawn Park District/ School District 123 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 it to the Oak Lawn Park District/ SD123. I hereby agree also to be fingerprinted by the Oak Lawn Police Department if so

requested.”

Signature _____ Date _____

Oak Lawn Community Garden Volunteer Waiver

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

I hereby authorize myself to volunteer for the Oak Lawn Community Garden Program.

I recognize and agree to assume the full risk of any injuries, damages or loss regardless of severity which I may sustain as a result of participating in any and all activities connected with or associated with such program(s). I agree to waive and relinquish all claims I may have as a result of participating in the program against Oak Lawn Park District/ SD123 and its officers, agents, servants and employees. I do hereby fully release and discharge the Oak Lawn Park District/ SD123 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 arising out of, connected with, or in any way associated with the activities of the transportation service, including but not limited to boarding, exiting and transporting. In the event of any emergency, I authorize the Oak Lawn Park District/ SD123 officials to secure from any licensed hospital; physician and/or medical personnel any treatment deemed necessary for me immediate care and agree that I will be responsible for payment of any medical services rendered. I have read and fully understand the above information, warning of risk, assumption of risk and waive 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 signature.

I have read and understand the above warnings of risk and waive all claims against the Oak Lawn Park District/ SD123.

Signature _____ Date _____

Do hereby grant permission for my picture /video to be used for publicity or in brochures related to the programs of the Oak Lawn Park District/ SD123.

Signature _____ Date _____

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 Oak Lawn Park District/ SD123 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 Oak Lawn Park District/ SD123.

Signature _____ Date _____

1/2017