



12521 S. Kostner Ave.
Alsip, IL 60803
Phone: 708-389-9423
Fax: 708-389-6458
www.SWSRA.org

VOLUNTEER APPLICATION

Thank you for your interest in being a volunteer. Please complete this form and submit it to SWSRA. Completion of this application does not guarantee you a volunteer position. A staff member will contact you upon submission of this form, and if this agency selects you to be a volunteer, it will require you to complete a Waiver & Release form, as well as to provide emergency contact information.

Name (Last, First, Middle) _____ **Date** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone: Day () _____ Evening () _____ Cell () _____

Email Address _____

Are you 18 or over? Yes No If under 18, please state your age: _____

Have you volunteered with this agency before? Yes No

Please describe any relevant education, employment experience, volunteer experience, training, special skills or interests (you may submit a resume):

Which age groups do you enjoy working with? (✓ Check all that apply)

Early childhood Youth Teens/Young Adults Adults Seniors

Why are you interested in volunteer work with the Agency? (✓ Check all that apply)

Give back to community Love of recreation
 School/work service hours Past experience
 Family member with a disability Looking for new experiences

Other: _____



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Have you been convicted of a felony within the last 7 years? ____ Yes ____ No

If yes, please explain: _____

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

Please list the name and phone number of two non-family personal references:

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

What program sessions are you available to volunteer? (✓ Check all that apply)

____ Fall Session (September - December)

____ Winter/Spring Session (January - May)

____ Summer Session (June - August)

____ Seasonal/Occasional (Volunteer occasionally for a special event, fundraiser, outreach event, etc.)

____ Other: _____

Please list the days and times you are available to volunteer:

Days: _____ Hours: _____

Days: _____ Hours: _____

Days: _____ Hours: _____

By submitting this application, I affirm the facts set forth in the application are true and complete. I understand if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may lead to the immediate end of my ability to volunteer with the agency.

Applicant's Signature: _____ Date: _____

It is the policy of South West Special Recreation Association (SWSRA) to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, disability or any other legally protected basis. Please advise SWSRA's Executive Director, if you need any accommodation(s) to participate in the application process.



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VOLUNTEER WAIVER AND RELEASE

Please read this document carefully so that you fully understand your rights and responsibilities as a volunteer. Participation will be denied if the signature of the volunteer and date are not on this waiver.

I agree to serve as a volunteer for **South West Special Recreation Association (hereinafter referred to as SWSRA)**. I understand that my volunteer service with SWSRA may be ended for failure to adequately perform my volunteer duties, for improper conduct while serving as a volunteer, or for any other lawful reason. I also acknowledge that SWSRA recommends each person carry their own medical accident insurance, since worker's compensation benefits are not available to volunteers.

IMPORTANT INFORMATION

SWSRA is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. SWSRA continually strives to reduce such risks and insists that all volunteers follow safety rules and instructions that are designed to protect the volunteers' safety. However, volunteers and parents/guardians of minors volunteering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs, whether as a volunteer or participant.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the volunteer is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant and, consequently, volunteers. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when volunteering in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for SWSRA to guarantee absolute safety.

PHOTO PERMISSION "SAY CHEESE!"

SWSRA occasionally takes photographs or video of participants, staff and volunteers for promoting/advertising our programs, services, events, activities and facilities in our brochures, website or agency social media, and other promotional avenues. By registering for, participating in, working as an employee and/or volunteer, or attending SWSRA programs, events or other activities, the participant (or parent/guardian or a minor), employee or volunteer irrevocably agrees to the use and distribution by SWSRA of his or her image (or of his minor child/ward) in photographs, video recordings, and any other electronic reproductions of such programs, events and activities for any purpose without inspection or approval and without compensation, rights to royalties or any other consideration now and in the future.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up to volunteer in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of volunteering in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

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 my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against SWSRA, including its officials, agents, employees, and other volunteers.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If applying online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Volunteer Name (PLEASE PRINT): _____ **Date:** _____

Volunteer Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian must sign if volunteer is under age of 18



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EMERGENCY CONTACT INFORMATION FOR VOLUNTEER

NAME OF VOLUNTEER: _____ DATE: _____

Please list two individuals to notify in the case of an emergency:

Name	Relationship	

Address		

City	State	Zip Code

Phone: Day ()	Evening ()	Cell ()

Email Address		

Name	Relationship	

Address		

City	State	Zip Code

Phone: Day ()	Evening ()	Cell ()

Email Address		
