

MAINE-NILES ASSOCIATION OF SPECIAL RECREATION
6820 WEST DEMPSTER STREET
MORTON GROVE, IL 60053

VOLUNTEER SERVICE APPLICATION

Name: _____
Last First Middle Initial Phone

Address: _____
Number and Street City, State Zip e-mail address

Education: Grade: _____ H.S. _____ Voc. _____ College: _____ Degree: _____

Major Studies: _____

Will you need documentation of your hours to fulfill outside commitments: Yes: _____ No: _____

Previous Work Experience: _____

Previous Volunteer Experience: _____

Special Interests: (Hobbies, Skills, etc.): _____

Special Training: (Arts, Music, Crafts, etc.) _____

Foreign Language: (Speak, Read, Write, etc.) _____

Any Medical Limitations: Yes: _____ No: _____. If "yes", please explain: _____

Name and Phone Number of Person to Notify in Case of Emergency: _____

References: (Non-relatives)

Name: _____ Phone: _____

Address: _____ City, State Zip _____

Name: _____ Phone: _____

Address: _____ City, State Zip _____

Name: _____ Phone: _____

Address: _____ City, State Zip _____

How did you find out about M-NASR volunteer opportunities? _____

(continued on reverse side)

State specific hours and days of availability: _____

What do you hope to gain by your volunteer experience? _____

CERTIFICATION

I certify that all information provided on this application is completely accurate. I understand that any false statements or omissions may result in my elimination for consideration for volunteer status, or, if accepted, my termination. I hereby authorize the Association to make investigation of all statements contained in this application. I authorize the persons listed as references, my former and present employers, and educational institutions to release any information concerning me that they deem appropriate. I release all parties from any liability that may arise from such disclosure.

I understand that I may be subject to a criminal background investigation as a condition of volunteer service and that my volunteer status may be contingent upon its results. I further understand that I may be required to submit to a medical examination, including drug screening, at the Association's discretion. I understand that my volunteer status or continuation thereof, may be contingent upon the results of any medical examinations, including drug screening.

I understand that, my volunteer service is for no definite time period and that either the Association or I may terminate the volunteer service relationship at any time and for any reason or no reason. I understand that neither this document nor any offer of volunteer service from the Association constitutes an employment contract.

If accepted as a volunteer, I agree to comply with and be bound by all of the personnel policies and volunteer/employee requirements of the Association.

I hereby acknowledge that I have read and understand the foregoing and intend to be bound thereby.

Dated: _____

Signature of Applicant: _____

Dated: _____

Signature of Parent/Guardian: _____

(If applicant is under age 18)