

MAINE-NILES ASSOCIATION OF SPECIAL RECREATION
6820 W. Dempster Avenue
Morton Grove, IL 60053

VOLUNTEER SERVICE APPLICATION

DATE _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
NO. & STREET CITY STATE ZIP

EDUCATION: GRADE _____ H.S. _____ VOC. _____ COLLEGE _____ DEGREE _____

MAJOR STUDIES: _____

WILL YOU NEED DOCUMENTATION OF YOUR HOURS TO FULLFILL OUTSIDE COMMITMENTS?

YES _____ NO _____

PREVIOUS WORK EXPERIENCE: _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

SPECIAL INTEREST – HOBBIES, SKILLS, ETC.: _____

SPECIAL TRAINING – ARTS, MUSIC, CRAFTS, ETC.: _____

FOREIGN LANGUAGE – SPEAK, READ, WRITE: _____

ANY MEDICAL LIMITATIONS: _____ IF SO, EXPLAIN: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

NAME & PHONE NO.: _____

REFERENCES (NON-RELATIVES):

NAME: _____ PHONE _____

ADDRESS: _____
NO. & STREET CITY STATE ZIP

(OVER)

REFERENCES (CONTINUED):

NAME: _____ PHONE _____

ADDRESS: _____
NO. & STREET CITY STATE ZIP

NAME: _____ PHONE _____

ADDRESS: _____
NO. & STREET CITY STATE ZIP

HOW DID YOU FIND OUT ABOUT M-NASR VOLUNTEER OPPORTUNITIES? _____

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: _____
(Under Age 18)