

Peck Farm Park Volunteer Application

Personal

_____ DATE

Name _____	
LAST	FIRST
Address _____	
STREET	CITY STATE ZIP
Home Phone _____	Email _____
Work Phone _____	Cell Phone _____
Which is the best way to reach you? <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Email <input type="checkbox"/> Other	
May we include your contact information in our volunteer directory? <input type="checkbox"/> yes <input type="checkbox"/> no	
Are you at least 18 years of age? <input type="checkbox"/> yes <input type="checkbox"/> no If no, what is your age? _____	

Have you ever been convicted of a felony? yes no If yes, please give details below:

(Please note: a conviction record does not necessarily disqualify an applicant.)

Emergency Contact Information

Name _____	
Address _____	Phone Number _____

Availability

Please indicate your availability below:

SUN	MON	TUE	WED	THUR	FRI	SAT

Volunteer Interests

How did you hear about volunteering at Peck Farm Park? _____

Why do you want to volunteer at Peck Farm Park? _____

Indicate below the types of volunteer work in which you are interested. Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Adult Nature Programs | <input type="checkbox"/> Prairie Seed Collection |
| <input type="checkbox"/> Butterfly House | <input type="checkbox"/> Pupae Room |
| <input type="checkbox"/> Children's Nature Programs | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Summer Camp Assistant |
| <input type="checkbox"/> History Docent | <input type="checkbox"/> Trail Work |
| <input type="checkbox"/> Litter Removal | <input type="checkbox"/> Tree Planting |
| <input type="checkbox"/> Non-native Species Removal | <input type="checkbox"/> Other (please specify) _____ |

Other Interests

List special training, skills, or certifications that would be helpful to Peck Farm Park activities:

What are your interests, hobbies and/or talents? _____

References

Please list two responsible people who have knowledge of your character, experiences and/or abilities.

Name _____ <small>LAST FIRST</small>
Address _____ <small>STREET CITY STATE ZIP</small>
Telephone _____ Occupation _____

Name _____ <small>LAST FIRST</small>
Address _____ <small>STREET CITY STATE ZIP</small>
Telephone _____ Occupation _____

Answers to application questions will be utilized for applicable, volunteer job-related information only and will not be released to any other organizations or volunteers without your consent.

I certify that the statements contained herein are true to the best of my knowledge. I understand that falsification of any answers or any failure to answer any question contained herein is cause for dismissal from volunteering with the Geneva Park District.

I understand and agree that the Park District may conduct a thorough investigation of my past and current employment activities (including but not limited to motor vehicle operator and police record investigation) and I release from liability or responsibility all persons or organizations supplying such information. All information is subject to verification.

I agree to abide by the rules and regulations of the Geneva Park District where I do volunteer service, and that I will be dependable and perform my service unselfishly to the best of my ability.

Signature _____ **Date** _____