



Volunteer Application

Note: Completion of this application give Washington Park District permission to perform a criminal background check as necessary.

Name	
Address	
City	
State	
ZIP Code	
Telephone (home)	
Date of Birth	
Emergency Contact	
Adult/Teen	

EDUCATION AND WORK EXPERIENCE

Current Employer	
Work Phone	
Are you a student?	
If so, last grade completed	

VOLUNTEER WORK PREFERENCE

<input type="checkbox"/> Seniors Programs	<input type="checkbox"/> Soccer Coach
<input type="checkbox"/> Children's Programs	<input type="checkbox"/> T-Ball Coach
<input type="checkbox"/> Gardening	<input type="checkbox"/> Gus Macker
<input type="checkbox"/> Special Events	<input type="checkbox"/> R.E.A.C.H.
<input type="checkbox"/> Concessions	<input type="checkbox"/> Basketball Coach
<input type="checkbox"/> Administrative	<input type="checkbox"/>
<input type="checkbox"/> Birthday Parties	<input type="checkbox"/>

Please check the boxes for the days and times you are most often available to volunteer.

	Sun.	Mon.	Tue.	Wed.	Thr.	Fri.	Sat.
Morning							
Afternoon							
Evening							

Are you required to volunteer? Yes No If yes, by whom? _____

Signature _____ Date _____

Return to: Washington Park District, Volunteer Coordinator, 105 S. Spruce St. Washington, IL 61571