

SPECIAL RECREATION ASSOCIATION OF CENTRAL LAKE COUNTY

290 Oakwood Road, Vernon Hills, Illinois 60061

(847) 816-4866 Phone

(847) 816-4876 fax

VOLUNTEER APPLICATION

Thank you for your interest in being a volunteer. Please complete this form and submit it to the Volunteer Coordinator. Completion of this application does not guarantee you a volunteer position. A staff member will contact you upon submission of this form, and if SRACLC selects you to be a volunteer, you will need to complete a Waiver & Release form and an orientation.

Date of Application: _____

Name _____

Address _____

City _____

Phone: Cell _____ Email _____

Best Time To Call _____

Shirt Size _____

Please list an individual to notify in the case of emergency:

Name: _____ Phone: _____

Address: _____

Email: _____

Relationship: _____

Have you volunteered with this agency before? _____ Yes _____ No

Circle highest grade completed: 6 7 8 9 10 11 12 13 14 15 16 16+

Have you worked with individuals with special needs before? Yes _____ No _____

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

Why are you interested in volunteer work with the Agency? (Circle 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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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 SRACLCL. I understand that my volunteer service with SRACLCL 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 SRACLCL recommends each person carry their own medical accident insurance, since worker's compensation benefits are not available to volunteers.

IMPORTANT INFORMATION

SRACLCL is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. SRACLCL 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 SRACLCL to guarantee absolute safety. PDRMA provides up to \$5000 per occurrence for volunteer medical accident coverage (no fault). There is no coverage for lost wages from another job. This coverage is excess of your own group or other medical coverage. It is intended to cover deductible and out-of-pocket expenses not covered by group or other medical insurance.

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 SRACLCL, 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 on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Volunteer Name (Printed)

Date

Volunteer Signature

Date

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

Date