



VOLUNTEER APPLICATION

Interested in being a volunteer for Northwest Special Recreation Association? Please read the release below, and if you are qualified to volunteer, just complete this form and either bring it in or mail it at the address above. Please send to the attention of Volunteer Coordinator.

Date _____ T-shirt size _____

Last Name _____ First _____

Address _____

City _____ Zip _____

Home Phone () _____ Cell Phone () _____

Age _____ Birthdate _____ E-Mail _____

Emergency Contact Name _____ Phone() _____

School (if applicable) _____

Employment (if applicable) _____ Could you be called at work? Yes ___ No ___

Do you have transportation available? Yes ___ No ___

How did you hear about NWSRA? _____

Previous volunteer experience? _____

List special skills, abilities or qualifications (ie: lifeguarding, sign language, etc.) _____

Please list one adult reference (other than relative) _____

Name & Relationship _____ Phone () _____

Release for Criminal Background Check:

NWSRA welcomes volunteers who have no history of criminal activity, and reserves the right to investigate the criminal background of applicants.

Have you ever been convicted of an offense involving the intentional infliction of physical injury upon a child, sexual abuse of a child or child abduction under the laws of this state or any other state? Yes ___ No ___

Have you ever been convicted of a felony? Yes ___ No ___

Do you use illegal drugs? Yes ___ No ___

A "yes" response to any of the above questions disqualifies you from volunteering for NWSRA.

I affirm, under penalty of perjury, that the answers to the above questions are truthful.

Signed _____ Date _____

For Office Use Only:

E-Mail:

Excel:

Name & Add:

CBC (if Level 1):

Check population(s) you would prefer to work with:

- | | | | |
|--------------------------------|-------|----------------------------|-------|
| Learning Disabled | _____ | Visually Impaired | _____ |
| Educable Mentally Handicapped | _____ | Mentally Impaired - Adults | _____ |
| Trainable Mentally Handicapped | _____ | Mentally Ill - Adults | _____ |
| Physically Impaired | _____ | Behavior Disorder | _____ |
| Multiply Impaired | _____ | Preschool | _____ |
| Emotionally Impaired | _____ | Autism | _____ |
| Hearing Impaired | _____ | Elderly | _____ |

Comments: _____

Check preferred locations(s)

- | | | | | | |
|----------------|-------|------------------|-------|-----------------|-------|
| Arlington Hts. | _____ | Hoffman Estates | _____ | Rolling Meadows | _____ |
| Bartlett | _____ | Mt. Prospect | _____ | Salt Creek | _____ |
| Buffalo Grove | _____ | Palatine | _____ | Schaumburg | _____ |
| Elk Grove | _____ | Prospect Heights | _____ | Streamwood | _____ |
| Hanover Park | _____ | River Trails | _____ | Wheeling | _____ |

Check preferred recreational activities:

- | | |
|--|---|
| After School Program
(general recreation) | Music/Drama/Dance |
| Arts & Crafts | Racquet Sports |
| Bowling | Sports(Basketball, T-ball,
Volleyball, Softball) |
| Camping | Roller Skating/Ice Skating |
| Hiking | Sports/Games |
| Fishing | Special Olympics |
| Gardening | Swimming |
| Nature | Tumbling/Gymnastics |

Others, please list:

List special skills, abilities or qualifications, i.e., lifesaving, sign language, etc. _____



**FOR
VOLUNTEERING**

Volunteer Waiver & Release

Important Information

Please recognize that the Northwest Special Recreation Association carries only limited medical accident coverage for volunteers; therefore, it is strongly urged that all volunteers should review their own health insurance policy for coverage. Additionally, each volunteer is solely responsible for determining if he/she is physically fit and/or properly skilled for any volunteer activity. It is always advisable, especially if the volunteer is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and volunteering for 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 may sustain as a result of participating in any and all activities connected with and associated with your volunteer services (including transportation services, when provided).

As a volunteer, 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 I may sustain as a result of said participation. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of volunteering in the program/activity against the Northwest Special Recreation Association including it's respective officers, officials, agents, volunteers and employees.

I do hereby fully release and forever discharge the Northwest Special Recreation Association from any and all claims for injuries, damages, or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with my volunteer services.

I have read and fully understand the above important information, assumption of risk and waiver and release of all claims. If registering a minor participant, I further attest that I have read the above to my minor child/ward. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Please Print: Volunteer's Name _____
Volunteer's Signature _____
Date _____

Volunteers under age eighteen require an adult's signature
Parent/Guardian Signature _____

PARTICIPATION WILL BE DENIED
If the signature of the volunteer and date are not on this waiver.