



1685 West Higgins Road, Hoffman Estates, Illinois 60169
heparks.org — **t** 847-885-7500 — **f** 847-885-7523



Welcome!

Dear Prospective Volunteer,

Welcome to the Volunteer Program at Hoffman Estates Park District! As you enter the volunteer program, we hope you are looking forward to the opportunity to learn and contribute your efforts to enhance recreational opportunities within our community. You will soon discover that the most meaningful reward in volunteering is a sense of association and accomplishment. Our work ethic is built around the premise that we can contribute. Together, we build synergy that allows us to accomplish the easy as well as the impossible.

Hoffman Estates Park District has adopted a hiring procedure to better safeguard the children and youth in our programs. Currently all new full time, part time, coaches and volunteer working in child sensitive positions, are subject to a criminal background check.

The background investigation will be conducted prior to the beginning of the volunteer programs in which you are involved. Enclosed in the volunteer packets is a release from giving you consent to the Hoffman Estates Park District to conduct a criminal background check. Please complete the form and return it to the appropriate staff supervisor as soon as possible.

On behalf of the Board of Commissioners and staff of the Hoffman Estates Park District, we thank you for your participation.

Sincerely,

A handwritten signature in black ink that reads "Dean R. Bostrom".

Dean Bostrom
Executive Director
Hoffman Estates Park District



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Volunteer Application

Date

Name

Address

City

State

Zip

Cell

Email

Indicate the age group you prefer to work with :

☐ Special Events ☐ Parks ☐ Children ☐ Adults ☐ Seniors

☐ Other _____

What days and times are you available:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Weekends

☐ Mornings ☐ Afternoons ☐ Evenings

Emergency contact information:

Name

Cell

Relationship



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Volunteer Waiver & Release

Important information

The Hoffman Estates Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of volunteers in high regard. The Park District continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions that are designed to protect the volunteer's safety. However, volunteers must recognize that there is an inherent risk of injury when choosing to volunteer for any activity or program.

Please recognize the District carries only limited medical accident coverage for volunteers; therefore, it is strongly urged that all volunteers 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 physical before undertaking any physical activity.

Warning of risk

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when providing volunteer services. Understandably, not all hazards and dangers can be foreseen. Volunteers must understand that depending upon the volunteer services, certain risks, dangers and injuries due to acts of God, inclement weather, slip and falls, inadequate or defective equipment, failure in supervision or instruction, premises defects, horseplay, carelessness, lack of skill or technique, and all other circumstances inherent to the particular volunteer services exist. In this regard, it must be recognized that it is impossible for the Park District to guarantee safety.

Waiver and release of all claims and assumption of risk

Please read this form carefully and be aware that in consideration for providing volunteer services, 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/vehicle operations, 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 my volunteer services. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of my volunteer services against the District, including its officers, officials, agents, volunteers and employees (hereinafter collectively referred as "Parties").

I do hereby fully release and forever discharge the Parties 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, warning of risk, assumption of risk and waiver and release of all claims. If registering 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..

PRINT Name

Signature

Date



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Authorization for Volunteer Service Background Check

Print First Name	M.I.	Last Name
Volunteer Services Applied For:		
Facility:		
Supervisor:		

I understand and agree that the Hoffman Estates Park District reserves the right to conduct a background check on me prior to my association and/or any time during my association with the Hoffman Estates Park District. I

I understand that my volunteer services may be contingent upon the review of my background check to determine if I have had a criminal conviction or traffic cases which would affect the volunteer service for which I am entering into with the Hoffman Estates Park District. Additionally, at any time during my association with the Park District, continuation of my volunteer services may be contingent upon the review every two years of a background check to determine if I have any additional criminal convictions or traffic cases which would affect my association with the Park District.

I understand that the Hoffman Estates Park District reserves the right to eliminate, modify or limit my volunteer association subsequent to receipt and review of my background check. Please be assured this information will not be used for any other purpose and will be kept in a secured location.

Print First Name	M.I.	Last Name
Birth Date ____/____/____ Sex ____M____F		
Drivers License #	State Issued	Phone/Cell #
Race: Standard Illinois State Police Codes are:		
____W (White), ____B (Black), ____A (Asian) ____I (Indian/Alaskan), ____U (Unknown)		

Signature	Date
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Volunteer Orientation Checklist

Date

Name

Address

CityStateZip

Cell

Email

- ☐ Application
- ☐ Authorization for Volunteer Service Background Check
- ☐ Waiver and Release of all Claims and Assumption of Risk
- ☐ Supervisor Provided Duty Specific Information, Tasks, and Training
- ☐ Volunteer Training Prezi

I have completed a Volunteer Orientation and Training and I can perform my duties in a safe manner.

Signature

Date

Supervisor Signature

Date