



ARLINGTON HEIGHTS PARK DISTRICT VOLUNTEER APPLICATION FORM

FACILITY:

- Arlington Heights Senior Center
- Historical Society & Museum
- Other _____

GENERAL INFORMATION:

Name _____ Social Security # _____

Address _____

City, State, Zip Code _____

Daytime Phone (____) _____ Evening Phone (____) _____

Employer _____ How many hours/week _____

Education Level (circle one): High School College Advanced College Degree

Desired Position _____

Do you have your own transportation? Yes No

Current Volunteer and/or Work-related Experience _____

Previous Volunteer and/or Work-related Experience _____

Special Training and Skills _____

Current Hobbies and Interests _____

What interested you in volunteering here? _____

How did you find out about our organization? _____

What commitments do you have that might affect your availability to volunteer? _____

Please indicate the times you are available _____

Please indicate the times you are not available _____

Have you been convicted of a crime within the past seven years? Yes No

If yes, explain _____

(A conviction will not necessarily bar you from volunteering. Each instance and explanation will be considered in relation to the position you are seeking)

IN CASE OF EMERGENCY, please notify _____

Relationship _____ Telephone _____

Physician _____ Telephone _____

Please list any medication(s) you are taking _____

List any physical limitations you have _____

I attest that the information provided on the Volunteer Application Form and the Reference Form to the Arlington Heights Park District is true and I understand and agree that all information furnished in this application may be investigated by the Arlington Heights Park District or its authorized representative as may be necessary.

Signature

Date



REFERENCE INFORMATION

Name _____ Date _____

Please provide the names, addresses and telephone numbers of three references who are not related to you.

Name _____

Address _____

City, State, Zip Code _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Relationship to you _____ Years Known _____

Name _____

Address _____

City, State, Zip Code _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Relationship to you _____ Years Known _____

Name _____

Address _____

City, State, Zip Code _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Relationship to you _____ Years Known _____

For Office Use Only

Comments _____
