

MAINE-NILES ASSOCIATION OF SPECIAL RECREATION  
6820 WEST DEMPSTER STREET  
MORTON GROVE, IL 60053

VOLUNTEER SERVICE APPLICATION

Name: \_\_\_\_\_  
Last First Middle Initial Phone

Address: \_\_\_\_\_  
Number and Street City, State Zip e-mail address

Education: Grade: \_\_\_\_\_ H.S. \_\_\_\_\_ Voc. \_\_\_\_\_ College: \_\_\_\_\_ Degree: \_\_\_\_\_

Major Studies: \_\_\_\_\_

Will you need documentation of your hours to fulfill outside commitments: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Previous Work Experience: \_\_\_\_\_  
\_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Interests: (Hobbies, Skills, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Training: (Arts, Music, Crafts, etc.) \_\_\_\_\_  
\_\_\_\_\_

Foreign Language: (Speak, Read, Write, etc.) \_\_\_\_\_

Any Medical Limitations: Yes: \_\_\_\_\_ No: \_\_\_\_\_. If "yes", please explain: \_\_\_\_\_  
\_\_\_\_\_

Name and Phone Number of Person to Notify in Case of Emergency: \_\_\_\_\_  
\_\_\_\_\_

References: (Non-relatives)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip \_\_\_\_\_

How did you find out about M-NASR volunteer opportunities? \_\_\_\_\_  
\_\_\_\_\_

State specific hours and days of availability: \_\_\_\_\_

What do you hope to gain by your volunteer experience? \_\_\_\_\_

CERTIFICATION

*I certify that all information provided on this application is completely accurate. I understand that any false statements or omissions may result in my elimination for consideration for volunteer status, or, if accepted, my termination. I hereby authorize the Association to make investigation of all statements contained in this application. I authorize the persons listed as references, my former and present employers, and educational institutions to release any information concerning me that they deem appropriate. I release all parties from any liability that may arise from such disclosure.*

*I understand that I will be subject to a criminal background investigation as a condition of volunteer service and that my volunteer status may be contingent upon its results. I further understand that I may be required to submit to a medical examination, including drug screening, at the Association's discretion. I understand that my volunteer status or continuation thereof, may be contingent upon the results of any medical examinations, including drug screening.*

*I understand that, my volunteer service is for no definite time period and that either the Association or I may terminate the volunteer service relationship at any time and for any reason or no reason. I understand that neither this document nor any offer of volunteer service from the Association constitutes an employment contract.*

*If accepted as a volunteer, I agree to comply with and be bound by all of the personnel policies and volunteer/employee requirements of the Association.*

*I hereby acknowledge that I have read and understand the foregoing and intend to be bound thereby.*

Dated: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

(If applicant is under age 18)