



Manhattan Park District, 397 South State Street, Manhattan, IL 60442
 Phone: (815)-478-3324 Fax: (815) 478-3428

Volunteer or Community Service Application Form

Applicant Information

Full Name: _____ Date: _____
 Last First M.I.

Address: _____
 Street Address Apartment/Unit #

City

State

Zip Code

Home Phone: () Cell Phone: ()

Start Date/Time: _____ Birth Date: / / Email Address: _____
REQUIRED

How did you hear about our Volunteer/Community Service Program?

Are you required to do Community Service to satisfy a school requirement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, by whom?	Hours:	Deadline:	/ /
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Are you required to do Community Service to satisfy a court-order?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, by whom?	Hours:	Deadline:	/ /
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Are you required to do Community Service to satisfy a Work Experience Program or to continue Assistance/Food Stamps?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Community Service applicants MUST provide the proper documentation to support the requirement for community service (court order, paperwork from Job and Family Services).			
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Have you ever been convicted of a criminal offense other than a minor traffic violation or been convicted of or found to be a child sex offender? (Criminal Convictions will not necessarily disqualify applicants.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Offenses(s): _____ When: _____ Where: _____
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Date/Times Available

8:30 AM – 5:00 PM	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Applicable Skills

References			
Full Name:		Phone:	()
Email:			
Full Name:		Phone:	()
Email:			

Please mark the areas you would like to volunteer / do Community Service in		
Maintenance	<input type="checkbox"/>	Programs
	<input type="checkbox"/>	Events
		<input type="checkbox"/>

Accommodations	
Please list any reasonable accommodations you may need?	
If you will have a job coach present, please provide name and number:	

Emergency Contact Information	
Emergency Contact Name:	
Address:	
City/State/Zip:	
Parent(s) name(s): (if volunteer under 18 years of age)	

Volunteer/Community Service Agreement and Release From Liability

Voluntary Participation:
 I acknowledge that I have voluntarily applied to Manhattan Park District. I understand that as a Community Service person, I will not be paid for my services, I will not be covered by any medical or other insurance coverage provided by Manhattan Park District and I will not be eligible for any Workers' Compensation benefits.

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 absolute 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 Manhattan Park 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.

Volunteer/Community Service Applicant Signature: _____

Parent/Guardian (if under age 18): _____

Please fax, email or mail this application to

**Manhattan Park District
397 S. State Street
Manhattan, IL 60442
(815) 478-3428 (fax)
mpd@manhattanparks.org**