



ZION PARK DISTRICT Volunteer Application

Name (Print): Last _____ Middle _____ First _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____ Cell Number: (_____) _____

E-mail Address: _____ @ _____ (Please Print Clearly)

Birth Date: ____ / ____ / ____ Gender: Male ___ Female ___ Race: _____

Have you ever volunteered at the Zion Park District/SRSNLC before? Yes ___ No ___

Have you ever been convicted of or found to be a child sex offender? Yes ___ No ___

Specific Areas/Programs Interested in volunteering for: _____

Age groups interested in working with: _____

Any special experiences or skills: _____

Days, dates, times I am willing to volunteer (circle all that apply): *M T W Th F S Su*

Dates available: _____

Times available: _____

References:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Email Address: (required) _____

Relationship: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Email Address: (required) _____

Relationship: _____

I certify that answers given above are true and complete to the best of my knowledge. I authorize background check to be completed to determine qualifications related to the volunteer position, according to Zion Park District Policies. I understand that this application is for a volunteer position only and does not guarantee a volunteer position or act as a contract in any way.

Signature Required: _____ Date _____

Supervisor Signature _____ Date _____

*****Make sure the Volunteer Agreement is also completed and all signatures in places*****