



VOLUNTEER APPLICATION

macombparkdistrict.com
 1406 North Randolph, Macomb IL, 61455 Phone: (309) 833-4562
 Email: parks@macomb.com Fax: (309) 836-7095

_____/_____/_____
 Date of Application

(Please Print Clearly)

Last Name	First Name	Middle Initial		
Social Security Number	Driver's License Number	/ State		
Address	Apt. Number	City	State	Zip Code
(____) _____ Resident Telephone Number	(____) _____ Optional Telephone Number			

Email address (please print clearly) _____

Date available _____ Number of hours Available _____ per week _____ per month

Have you ever been an employee or volunteer with us before? _____ If so, which Department? _____

Are you volunteering for a class or an organization? _____ If yes, which class? _____

Education Information:

NAME	LOCATION	GRADUATION DATE	EMPHASIS
Jr. High School _____			
High School _____			
College _____			
Graduate Studies _____			
Other _____			

Certifications:

Special Skills and/or Abilities:

Experience:

Start with your present or last job. Include any job-related military service assignments and volunteer positions.

1. Employer:	Dates of Employment: From: To:	Job Title/Brief Description:
Street Address:	Last or Current Pay Rate:	Reason for Leaving:
City/State/Zip:	Telephone Number:	
2. Employer:	Dates of Employment: From: To:	Job Title/Brief Description:
Street Address:	Last or Current Pay Rate:	Reason for Leaving:
City/State/Zip:	Telephone Number:	

Area(s) of Interest:

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the Macomb Park District to contact my current and former employers to verify information provided by me in this application.

I understand that if I become a volunteer for the Macomb Park District, I will be required to abide by all policies, procedures, and regulations of the Macomb Park District.

This application for volunteer work shall be considered active for a period not to exceed one (1) year from the date of application.

Signature of Applicant

_____/_____/_____
Month/ Day / Year



VOLUNTEER FORM # 3

Please complete this form if you have a valid driver's license (from any state) and are applying for a position that may require you to drive a Macomb Park District vehicle.

AUTHORIZATION FOR DRIVER'S LICENSE BACKGROUND INVESTIGATION

The Macomb Park District, as part of its Risk Management Policy, investigates through the Illinois Secretary of State's office or other appropriate office in other states, the driving record of all individuals considered for employment who may drive a Macomb Park District vehicle during their employment.

The Macomb Park District will not consider an individual for employment in a position which may require the person to drive a Macomb Park District vehicle without the investigation completed. The information provided is considered to be voluntary and confidential. Please fill in all information requested. This authorization must be witnessed, but does not need to be notarized.

I, _____ Date of Birth _____ / _____ / _____
(Last Name) (Middle Name) (First Name) (Month) (Day) (Year)

Social Security Number _____ / _____ / _____, do hereby authorize the Macomb Park District to submit my name, date of birth, driver's license number and social security number so that an investigation of my driving history may be conducted as required by the Macomb Park District.

Dated this _____ day of _____, _____.
Driver's License Number _____ State licensed in _____

Driver's License Address: _____ City _____ State _____ Zip code _____
(please print)

Witnessed By:

Signature

Witness Signature

Printed Name

Witness Printed Name