



Volunteer Application

Please advise us if any accommodation is needed to participate in the application process.

*Note: Completion of this application gives Champaign Park District permission to perform a criminal background check as necessary.

Application Date	<input type="checkbox"/> Adult <input type="checkbox"/> Teen	
Last Name	First Name	MI
Nickname	Home Phone	
Address	Apt #	
City	State	Zip
E-mail Address	Emergency Contact	
Date of Birth		

EDUCATION AND WORK EXPERIENCE

Current Employer	Are you a student?
Work Phone	Last Grade Completed
Position Responsibilities	

VOLUNTEER WORK PREFERENCE

AVAILABILITY

<input type="checkbox"/> Animals	<input type="checkbox"/> Coaching:	Please check the boxes for the days and times you are most often available to volunteer.							
<input type="checkbox"/> Virginia Theatre	Which sport?								
<input type="checkbox"/> Special Events	League preference (if any)		S	M	T	W	T	F	S
<input type="checkbox"/> Special Recreation	Have you coached for the Park District before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Morn.							
	Do you have a child participating? <input type="checkbox"/> Yes <input type="checkbox"/> No	After.							
	If so, child's name	Eve.							

List name and phone of two personal references.

Name	Phone
Name	Phone

Are you required to volunteer? No Yes If yes, by whom? _____

How did you hear about our Volunteer Program? _____

Why would you like to volunteer with the Champaign Park District? _____

Additional information _____

Please return to Special Events and Volunteer Manager (217) 398-2550 at 706 Kenwood Rd, Champaign, IL 61821-4112.