



Equal Fun For Everyone

Western DuPage Special Recreation Association  
116 N. Schmale Road Carol Stream, IL 60188  
Phone: 630/681-0962 Fax: 630/681-1262

OFFICE USE
____/____/____
Date Received

## VOLUNTEER REQUEST FORM

Please read the release below, and if you are qualified to volunteer, complete this form and return it to WDSRA. Thank you for your interest!

### Level of commitment that you are seeking: Check all that apply

General Support Volunteer (Office Work, Fundraising Events, Athletic Tournaments)

Short Term Recreation Program Volunteer (Commit to one or more weekly programs for one season)

Long Term Recreation Program Volunteer (Commit to one or more weekly programs for multiple seasons)  
(-or- Commit on an annual basis)

### RELEASE FOR CRIMINAL BACKGROUND CHECK (if 18 years or older):

WDSRA welcomes volunteers who have no history of criminal activity, and reserves the right to investigate the criminal background of applicants.

Have you ever been convicted of an offense involving the infliction of physical injury upon a child, sexual abuse of a child or child abduction under the laws of this state or any other state? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you use illegal drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

A "yes" response to any of the above questions disqualifies you from volunteering for WDSRA.

I affirm, under penalty of perjury, that the answers to the above questions are truthful.

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_  Work  Cell Phone: \_\_\_\_\_  
(Check One)

E-Mail \_\_\_\_\_

Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

Continued On Reverse Side

# WDSRA VOLUNTEER REQUEST FORM - CONTINUED

1) How did you hear about WDSRA? \_\_\_\_\_

2) Do you have previous volunteer experience?  YES  NO (Check One)

3) What are your reasons for wanting to volunteer? \_\_\_\_\_  
 \_\_\_\_\_

4) Have you worked with individuals with special needs before?  YES  NO (Check One)  
 If yes, where? \_\_\_\_\_

5) Please provide three references (Including one employer if possible and no immediate family)

Name	Relationship	Address/Phone
- _____	_____	_____
- _____	_____	_____
- _____	_____	_____

6) Do you have transportation?  YES  NO (Check One)

7) Please list any special skills, training, interests, sports experience, and hobbies you have:

- _____	- _____
- _____	- _____
- _____	- _____
- _____	- _____

**GENERAL AVAILABILITY GRID** (Please fill in the boxes with the times you are available to volunteer)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

 WDSRA <i>Equal Fun For Everyone</i>	<p><b>PLEASE RETURN APPLICATION TO:</b>                  WDSRA                  Manager of Support Services                  116 North Schmale                  Carol Stream, Illinois 60188  <b>OR</b> Fax: 630/681-1262  <b>OR</b> E-Mail: wendyc@wdsra</p>	 WDSRA <i>Equal Fun For Everyone</i>
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