

VOLUNTEER APPLICATION

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!

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.

Signed _____ Date _____ / _____ / _____

Name _____
First Middle Last

Address _____

City, State, Zip _____

Home Phone _____ Work / Cell Phone _____
(Please Circle)

E-Mail _____ Age _____

Social Security # _____ - _____ - _____ Birthdate _____ / _____ / _____

Continued On Back Side

1) How did you hear about WDSRA? _____

2) Do you have previous volunteer experience? YES / NO (Circle)

3) What are your reasons for wanting to volunteering? _____

4) When can you start volunteering with WDSRA? _____

5) Will your volunteer experience with WDSRA be a school Requirement? YES / NO (Circle)

School _____

How many volunteer hours are you required to do? _____

What date do you need to fulfill your requirement by? _____ / _____ / _____

6) To what extent are you looking to make your volunteer commitment? (Check All That Apply)

___ Weekly Basis (Example: Special Olympic Bowling, 6 Week Program, Tuesdays, 4:45 - 6pm)

___ Special Events (One Time Field Trip Type Outings)

___ Large Scale Events (Special Olympic Meets/Tournaments, Dances, Fundraising Functions)

___ A "Little Something" Here & There / What My Schedule Will Allow

7) Have you worked with Special Populations? YES / NO (Circle)

If yes, where? _____

8) Employers (if applicable)

- _____
- _____
- _____

9) Do you have transportation? YES / NO (Circle)

10) Special Skills, Training, or Interests:

- _____
- _____
- _____
- _____

11) Provide (2) adult references that have knowledge of your character, personality, & general abilities:

Name

Relationship

Address/Phone

1. _____

2. _____

PLEASE RETURN APPLICATION TO :

WDSRA
 Manager of Support Services
 116 North Schmale
 Carol Stream, Illinois 60188
OR Fax: 630/681-1262



WHAT'S YOUR SPECIALTY?

NAME _____

Many times we are looking for staff that have a background in a specific area. Please mark an "X" next to each item below **ONLY** if you are certified in that particular item **OR** if you have knowledge of the sport & skills to teach or assist in that particular item.

"X"	"X"
CTRS Recreation Specialist	Basketball
CPRP Recreation Professional	Wheelchair Basketball
First Aid Certified	Softball
CPR Certified	Little League Baseball
Lifeguard Certified	Soccer
WSI Instructor	Tennis
Instructor (1 st Aid, CPR, AED, Lifeguard)	Track & Field
Swim Lessons Instructor	Bocce Ball
Certified Music Therapist	Swimming
Certified Art Therapist	Bowling
CPI Certified (Crisis Prevention Intervention)	Golf
Sign Language Interpreter	Gymnastics
Sign Language Skills	Down Hill Skiing
Bi-Lingual (Fluent in _____)	XX-Skiing / Snow Shoeing
Bi-Lingual (Skills in _____)	Ice Skating
Aerobics / Fitness Instructor	Roller / Inline Skating
Dance Instructor	Singing / Choir
SCUBA Certified	Poms / Cheerleading
Gymnastics Instructor	Dance (Specify)
Certified Coach; List Sport(s)	Musical Instrument; Please List (guitar, piano, etc)

AVAILABILITY

Please use the grid below to indicate what times you are available by shading in the times you are NOT available. Please list additional notes and information below.

TIME	MON	TUES	WED	THUR	FRI	SAT	SUN
8:00 – 9:00am							
9:00 – 10:00a							
10:00 – 11:00a							
11:00a – 12:00p							
12:00 – 1:00p							
1:00 – 2:00p							
2:00 – 3:00p							
3:00 – 4:00p							
4:00 – 5:00p							
5:00 – 6:00p							
6:00 – 7:00p							
7:00 – 8:00p							
8:00 – 9:00p							
9:00 – 10:00p							
10:00 – 11:00p							

ADDITIONAL NOTES & INFORMATION:
