



Volunteer Interest Form

(Please Print Clearly)

Today's Date: _____

Personal Information

Last Name: _____ First Name: _____ Middle Name: _____

Parent's Name (if under 18 years) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone #: (____) _____ Evening Phone #: (____) _____

Cell Phone #: (____) _____ Email: _____@_____

Emergency Contact Information

In case of emergency notify:

Name: _____ Relationship: _____

Daytime Phone #: (____) _____ Evening Phone #: (____) _____

If above is unavailable notify:

Name: _____ Relationship: _____

Daytime Phone #: (____) _____ Evening Phone #: (____) _____

Volunteer Area of Interest

- | | |
|---|--|
| <input type="checkbox"/> Welcome Desk | <input type="checkbox"/> Animal Care |
| <input type="checkbox"/> Gardener | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Ecological Restoration | <input type="checkbox"/> Maintenance/Grounds |
| <input type="checkbox"/> Field Trip/Summer Camp | <input type="checkbox"/> Other _____ |

How did you learn about our volunteer program?

Family Member Friend Walk - In Website Other (specify): _____

Volunteer Availability

How long are you willing to commit your services?

3 Months 6 Months 9 Months 1 Year Other (specify): _____

How frequently do you wish to volunteer?

Weekly Monthly As Needed Other (specify): _____

TIME/DAY	Mon	Tues	Wed	Thurs	Fri	Sat
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Volunteer Experience

Have you volunteered anywhere else before? Yes No If yes, where? _____

What are your hobbies and interests? _____

What special skills would you like to share? _____

Skills/Experience

- Education
- Working with Children
- Administrative
- Event Planning
- Environmental Education
- Public Speaking
- Computers
- Photography
- Gardening
- Landscape Restoration
- Public Relations
- Fundraising
- Writing/Editing
- Desktop Publishing
- Heavy Equipment
- Maintenance
- Carpentry

Education

Are you currently a student? Yes No

If yes:

Name of High School/College: _____

Course of Study/Degree Program: _____

Is volunteering required for school? Yes No If yes, explain: _____

If no:

High School: _____ Degree/GED Yes No

College: _____ Degree: _____

Post Graduate Degree(s) or Special Training: _____

Employment History

Employment Status F/T P/T Retired Not Employed

Present Employer _____ Supervisor _____

Address: _____

Phone#: _____ Length of Employment: _____

Please List 2 Previous Employers:

1. Employer _____ Supervisor _____

Address: _____

Phone#: _____ Length of Employment: _____

2. Employer _____ Supervisor _____

Address: _____

Phone#: _____ Length of Employment: _____

Professional Affiliations/Community Organizations

I have been or am presently a member of the following civic clubs or organizations:

Other Relevant Experience

Please share any experience that you feel will help you as a volunteer at Lake Katherine:

Information Required for Criminal Background Check

Date of Birth ___/___/___ Maiden Name (if applicable)_____

Driver License/State ID # _____ Expiration Date_____

Have you ever been convicted, given a suspended sentence, placed on probation or imprisoned for any violation of the law? Yes No If yes attach written explanation to this form.

Parental / Guardian Consent *(Please complete this section if under 18 years of age)*

Name of Parent/Guardian: _____

Daytime Phone #: (____) _____ Cell Phone #: (____) _____

I hereby give _____ permission to volunteer at Lake Katherine. I also give consent to take whatever emergency steps are necessary to safeguard the health and welfare of my child.

Signature: _____ Date: _____

Confidentiality and Release of Information

I understand that the information requested on this application will be used for volunteer assignment and record - keeping, and that all information will be held confidential, except where release is authorized.

I understand that all volunteers are subject to a criminal background check.

I hereby authorize Lake Katherine Nature Center and Botanic Gardens to conduct an inquiry of any or all references, employers and schools (past or present). I authorize the aforementioned parties to release pertinent information to them.

Signature: _____ Date: _____

Signature of parent (if under 18 years) _____ Date_____

Waiver and Release of Liability, Indemnification and Hold Harmless Agreement

This waiver and release of liability, indemnification and hold harmless agreement is between the Volunteer and Lake Katherine Nature Center and Botanic Gardens and its directors, officers, members, employees, agents, assigns, legal representatives and successors (hereinafter referred to as LKNCBG).

As a volunteer I hereby understand and agree to the following:

I agree to WAIVE and RELEASE the LKNCBG from all liability, manner of actions, causes of action, debts, contracts, claims and demands for or by reason of any illness, death, damage, loss or injury to person and property, which has been or may be sustained as a direct or indirect consequence of the Volunteer's volunteering at or for the LKNCBG and notwithstanding that such damage, death, illness, loss or injury may have been caused partly by the negligence of the LKNCBG.

I agree to INDEMNIFY and HOLD HARMLESS the LKNCBG for any costs or liabilities which they may incur as a result of my volunteering at or for the LKNCBG.

I acknowledge and agree that I have carefully read this Agreement, that I fully understand the same, and that I freely and voluntarily execute the same. I understand that I may seek independent advice prior to signing this Agreement. I understand that this Agreement is binding on me, my spouse, my executors, administrators, personal representatives and assigns and that this Agreement has important legal consequences. The terms of this Agreement are contractual and not mere recitals. This Agreement will be construed in accordance with and governed by the laws of the State of Illinois.

Signature of volunteer _____ Date_____

Signature of parent (if under 18 years) _____ Date_____

Please complete and return this application to:

Lake Katherine Volunteer Program
7402 Lake Katherine Dr.
Palos Heights, Illinois 60463
(708) 361-1873

Office Use
Date Rec'd: ___/___/___ Start: ___/___/___
Call Date: ___/___/___ By: _____
Interview: ___/___/___ By: _____
Background Check Confirmed: ___/___/___