



Volunteer Interest Information

NAME: _____

ADDRESS: _____

PHONE: (Home): _____ (Work) _____ (Cell) _____

E-MAIL ADDRESS: _____

AREA OF INTEREST: (Please check all that apply)

Special Event

_____ Backlot Bash

_____ Festival of Cultures

_____ Other _____

Specific Park District Facility or Program

_____ Devonshire Cultural Center (Preschool, Theatre)

_____ Oakton Center (Exploritorium, Senior Programming, Teen Programming)

_____ Emily Oaks Nature Center

_____ Tot Learning Center/ Child Care

_____ Skokie Heritage Museum

_____ Weber Center (Fitness First! Health Club)

_____ Weber Park Golf Course

_____ Sports Park Golf Center

_____ Skatium Ice Rink

_____ Other: _____

AVAILABILITY (Please indicate when you are available to volunteer -days, times, etc.):

SPECIAL SKILLS OR INTERESTS:

ANY ADDITIONAL INFORMATION:

IMPORTANT INFORMATION

Volunteers and parents of volunteers agreeing to participation in volunteer activities must recognize and appreciate that there are always inherent risks of injury associated with any volunteer activities. Such risks will vary depending upon the nature of the particular volunteer activity.

Please recognize that the Skokie Park District does not carry medical/accident insurance for injuries sustained in its volunteer programs. It should be further recognized that the absence of medical/accident insurance does not make the Skokie Park District responsible for the payment or reimbursement of medical expenses. Therefore, each person participating in volunteer activities, and/or their parents, should review their own health insurance policy for coverage.

WAIVER

As a volunteer, I recognize and acknowledge that there are certain risks of physical injury to volunteers in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of volunteering in this program/activity against the Skokie Park District, including its officers, officials, agents, volunteers and employees.

Volunteer's Name (please print) _____

Volunteer's Signature _____

Parent/Legal Guardian Signature (if under 18) _____

Date _____

(Participation will be denied if the signature of the volunteer and the date are not on this waiver)