



VOLUNTEER APPLICATION

macombparkdistrict.com

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_____/_____/_____
Date of Application

(Please Print Clearly)

Last Name First Name Middle Initial

_____-_____-_____
Social Security Number

_____/_____/_____
Driver's License Number / State

Address Apt. Number City State Zip Code

(____)_____
Resident Telephone Number

(____)_____
Optional Telephone Number

Email address (please print clearly) _____

Date available _____ Number of hours Available _____ per week _____ per month

Have you ever been an employee or volunteer with us before? _____ If so, which Department? _____

Are you volunteering for a class or an organization? _____ If yes, which class? _____

Education Information:

NAME LOCATION GRADUATION DATE EMPHASIS

Jr. High School _____

High School _____

College _____

Graduate Studies _____

Other _____

Certifications:

Special Skills and/or Abilities:

Experience:

Start with your present or last job. Include any job-related military service assignments and volunteer positions.

1. Employer:	Dates of Employment: From: To:	Job Title/Brief Description:
Street Address:	Last or Current Pay Rate:	Reason for Leaving:
City/State/Zip:	Telephone Number:	
2. Employer:	Dates of Employment: From: To:	Job Title/Brief Description:
Street Address:	Last or Current Pay Rate:	Reason for Leaving:
City/State/Zip:	Telephone Number:	

Area(s) of Interest:

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the Macomb Park District to contact my current and former employers to verify information provided by me in this application.

I understand that if I become a volunteer for the Macomb Park District, I will be required to abide by all policies, procedures, and regulations of the Macomb Park District.

This application for volunteer work shall be considered active for a period not to exceed one (1) year from the date of application.

Signature of Applicant

____/____/____
Month/ Day / Year



**MACOMB PARK DISTRICT
AUTHORIZATION FOR CRIMINAL BACKGROUND INVESTIGATION**

The Macomb Park District is required by law to secure an Illinois State Police Background Investigation for all individuals who may be considered for employment. This is done in accordance with 70 Illinois Compiled Statutes 1205/8-23(a). The Macomb Park District cannot, under any circumstance, consider an individual for employment without this investigation completed. The information provided is considered to be voluntary and confidential. Please fill in all information requested. This authorization must be witnessed, but does not need to be notarized.

I, _____, Date of Birth _____
 (Last Name) (Middle Name) (First Name) (Month) (Day) (Year)

Social Security Number _____, in accordance with 70 Illinois Compiled Statutes 1205/8-23(a), do hereby authorize the Macomb Park District to submit my name, sex, race, date of birth, and social security number to the Department of State Police of Illinois so that a criminal background investigation may be conducted of me as required by law for my application for employment and as a condition of my employment with the Macomb Park District in order to determine if I have been convicted of any enumerated criminal or drug offenses as listed in 70 Illinois Compiled Statutes 1205/8-23(c) or if I have been convicted, within seven years of the application for employment with the Macomb Park District of any other felony under the laws of this State or of any offense committed or attempted in any other State or against the laws of the United States that, if committed or attempted in this State, would have been punishable as a felony under the laws of this State.

Dated this _____ day of _____, _____.

 Driver's License Number State Licensed in Sex Race

If your submission contains values other than the standard code values, listed below, the search results could be adversely affected. Please use the following code values used in the Illinois State Police name search:

Indicate Sex: F = Female, M = Male, or U = Unknown

Indicate Race: W = White (includes Mexicans and Latinos, B = Black, A = Asian/Pacific Islander,
 I = Indian/Alaskan Native, or U = Unknown

Witnessed By:

Signature

Witness Signature

 Printed Name

 Witness Printed Name



VOLUNTEER FORM # 3

Please complete this form if you have a valid driver's license (from any state) and are applying for a position that may require you to drive a Macomb Park District vehicle.

AUTHORIZATION FOR DRIVER'S LICENSE BACKGROUND INVESTIGATION

The Macomb Park District, as part of its Risk Management Policy, investigates through the Illinois Secretary of State's office or other appropriate office in other states, the driving record of all individuals considered for employment who may drive a Macomb Park District vehicle during their employment.

The Macomb Park District will not consider an individual for employment in a position which may require the person to drive a Macomb Park District vehicle without the investigation completed. The information provided is considered to be voluntary and confidential. Please fill in all information requested. This authorization must be witnessed, but does not need to be notarized.

I, _____ Date of Birth _____ / _____ / _____
(Last Name) (Middle Name) (First Name) (Month) (Day) (Year)

Social Security Number _____ / _____ / _____, do hereby authorize the Macomb Park District to submit my name, date of birth, driver's license number and social security number so that an investigation of my driving history may be conducted as required by the Macomb Park District.

Dated this _____ day of _____, _____.
_____ Driver's License Number State licensed in _____

Driver's License Address: _____ City _____ State _____ Zip code _____
(please print)

Witnessed By:

Signature

Witness Signature

Printed Name

Witness Printed Name