



MINOR VOLUNTEER APPLICATION (16 years and under)

PLEASE READ BEFORE CONTINUING

I agree to notify and update the Park District of any changes to the information provided. I understand that:

- A parent or legal guardian must provide written consent before you will be allowed to volunteer at any Park District facility;
- The decision of the Park District to accept or reject my application is final;
- The position of volunteer is an "at will" relationship and may be terminated at any time;
- I will receive no compensation for my services from the Park District;
- This form must be completed in full for my application to be considered;
- A volunteer position does not lead to consideration of full-time, part-time or seasonal paid employment; and

By my signature below, I verify that I have read and understood the above. Further, I verify that the information I have given is true and complete. I also confirm that I have read and understood the terms and conditions on the reverse side of this application and agree to be bound by them. I understand that providing false information or not updating my information as necessary will terminate my volunteer relationship with the Chicago Park District.

Student Signature

Date

Parent or Legal Guardian Signature

Date

Volunteer Staff Member Terms and Conditions

Your acceptance of a volunteer assignment must carry with it your understanding that the assignment is offered pending final clearances and may be terminated at any time with or without cause, or changed at any time by the Chicago Park District. By accepting a volunteer assignment, you also agree to the following Terms and Conditions.

1. I understand and agree that the Chicago Park District ("Park District") is relying on my promise to volunteer as scheduled and accordingly, I must be available for my particular assignment as scheduled. I shall attend any on-the-job-training sessions as requested or required by the Park District.
2. I understand that as a volunteer staff member, I will receive no compensation for my services. I understand that I may be assigned to work together with paid employees of the Park District.
3. While on assignment as a volunteer, I shall not engage in religious or political activities, or any unauthorized commercial activity. I shall abide by all other standards of conduct as outlined in policies established by the Park District.
4. I hereby confirm that I do not, and shall not, have the authority to incur obligations on behalf, or otherwise bind the Park District.
5. I understand that there may be media coverage of certain events at Park District facilities. I agree that I shall not grant radio, television or press interviews, or otherwise initiate or accept media contact relating in any way to the Park District. Should my likeness be photographed, taped or otherwise recorded by the Park District or media, I irrevocably consent to the reproduction and use of such photography, tapes or other recordings without compensation to me and hereby assign any rights I may have to the Park District.
6. I acknowledge that law enforcement agencies and private investigators will perform background checks on volunteer staff members. I hereby consent to such inquiries and agree to comply with all security and access policies and practices with the Park District. I understand that access credentials are the property of the Chicago Park District and I will surrender them upon demand.
7. I agree to hold in confidence any information disclosed to me concerning the business activities of the Park District, and relating to any confidential or proprietary data, and agree not to divulge such information to any person or persons unless I have received written authorization from the Park District. I agree not to remove any documents or materials (whether computer-generated, hard copy, audio or otherwise) from any of the offices or other locations in which the Park District conducts business without prior written consent from the General Superintendent of the Park District. I agree not to use any photographic or recording equipment within any of the offices or other locations in which the Park District conducts business, and I expressly agree that any such photographs or records, if made, may be retrieved without notice by the Park District and/or enjoined from use by the Park District.
8. I hereby assign to the Park District all right, title and interest in and to any work product developed or created by me for the Park District in connection with my services as a volunteer staff member. I acknowledge that this assignment further extends to any and all profits derived from the sale, use or other application of any such work product or part thereof.
9. I agree that I will not hold the Park District, its employees, agents, sponsors, donors, volunteers, Arts Partners or Board of Commissioners responsible for any inquiries or losses I might incur while performing volunteer assignments for the Park District. I hereby release and agree to indemnify and hold harmless the Park District, its employees, agents, sponsors, donors, volunteers, Arts Partners or Board of Commissioners against any and all claims, demands, and causes of action for damages brought by me or by any party on my behalf. The release is intended to be binding on my heirs and assigns.

Signature

Date

Please list any volunteer experiences you may have:

Agency	Date of Service	Type of Service Provided by you

Why are you interested in becoming a Chicago Park District Volunteer?

Describe any experience you have working with children, persons with disabilities, etc.

Describe any experience you have working with the public/customer service:

Describe any special skills or interests you have which would contribute to our volunteer activities:

At which park would you like to volunteer? _____

Have you spoken with the Park Supervisor of this park? YES OR NO

If you do not know of a particular park, is there a preferred region or neighborhood?

Please indicate: ___ north ___ central ___ south or neighborhood _____

Are there any medical, physical or other concerns which would limit the type of activity you are able to perform? YES OR NO

If yes, indicate: _____

In case of emergency, whom should we contact?

Name: _____ Phone: _____

Alt. contact: _____ Phone: _____

Which of the following programs are you interested in? (check one or more)

Special events	Park Maintenance/ Stewardship	Gardening	Park Kids/Afterschool
Office Support	Sports/Games	Arts/Crafts	Cultural Programs
Dance/Fitness	Day Camp/Holiday Camp	Adaptive Sports	Deaf/Harding of hearing programs (Camp Sign)
Special Olympics	Special Recreation Day Camp	Greeter/Guide	Other (specify)

Availability _____ occasional _____ regular _____ daily _____ other

Preferred days and hours

Sunday _____ a.m p.m. To _____ a.m. p.m.

Monday _____ a.m p.m. To _____ a.m. p.m.

Tuesday _____ a.m p.m. To _____ a.m. p.m.

Wednesday _____ a.m p.m. To _____ a.m. p.m.

Thursday _____ a.m p.m. To _____ a.m. p.m.

Friday _____ a.m p.m. To _____ a.m. p.m.

Sunday _____ a.m p.m. To _____ a.m. p.m.