



River Valley Special Rec Volunteer Application

*Thank you for your interest in volunteering! Please complete this application and email it to Ericka Esters, Office Coordinator, at **ericka@rivervalleysra.com** or mail it to **1335 E. Broadway St., Bradley, IL 60915**. Submission does not guarantee a volunteer position. If selected, you'll be asked to complete a Waiver & Release form and provide emergency contact information.*

Name: _____ Phone Number: _____

Street Address: _____ City: _____

Zip Code: _____ Email: _____

Are you 18 or over? Yes No If under 18, please state your age: _____

Have you volunteered with this agency before? Yes No

Please describe any relevant education, employment experience, volunteer experience, training, special skills or interests (you may submit a resume):

How would you prefer to help at River Valley Special Rec? (Check all that apply)

- Assist with programs and activities
- Support Foundation fundraising efforts and events
- Help in the office with clerical and administrative tasks
- Share a special skill or craft by volunteering as an instructor

Why are you interested in volunteer work with the Agency? (Check all that apply)

- Give back to community
- School/work service hours
- Family member with a disability
- Love of recreation
- Past experience
- Looking for new experiences

Other:

Have you been convicted of a felony within the last 7 years? ___Yes ___No

If yes, please explain:

Have you ever been convicted as, or found to be, a child sex offender? ___Yes ___No

Please list the name and phone number of two non-family personal references:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Please list the days and times you are available to volunteer.

By submitting this application, I affirm the facts set forth in the application are true and complete. I understand if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may lead to the immediate end of my ability to volunteer with the agency.

Signature: _____ Date: _____

It is the policy of RVSRA to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, disability or any other legally protected basis. Please advise us if you need any accommodations to participate in the application process.

Emergency Contact Information for Volunteers

Please list two individuals to notify in the case of emergency:

Name: _____ Phone: _____

Address: _____

Email: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____

Email: _____ Relationship: _____