

## Village of Algonquin Volunteer Application

Personal Information:						
First Name:		Last Name:				
Street Address:						
City:	State:			Zip Code:		
Telephone Number:	Email Address:					
Date of Birth (if under 18 years of age): this question is asked so that all volunteers under the age of 18 are assigned tasks that are age appropriate.						
Emergency Information In the event of an emergency, please contact:						
First Name:	Last Name:			Relationship:		
Work Telephone:	Home Telephone:		Cellular Telephone:			
Email Address:						
Street Address:						
City:	State:			Zip Code:		
Previous Volunteer Experience:						
Organization's Name:						
Street Address:						
City:	State: Zip Code:					
Direct Supervisor's Name:						
Duties:						
Organization's Name:						
Street Address:						
City:	State: Zip Code:					
Direct Supervisor's Name:						
Duties:						
Hobbies, interests, skills:						
Special Training/Certifications:						
Who or what prompted you to become a volunteer for the Village of Algonquin?						

Please turn to backside of application to complete.

References:					
First Name:	Last Name:	Relationship:			
How long have you known this individual?					
Street Address:					
City:	State:	Zip Code:			
Telephone Number:	Email Address:				
First Name:	Last Name:	Relationship:			
How long have you known this individual?					
Street Address:					
City:	State:	Zip Code:			
Telephone Number:	Email Address:				
Criminal History:					
Do you have any criminal convictions (other than parking violations and/or juvenile offenses)?					
If "Yes", please explain where, when, and disposition.					
Waiver of Liability:					
I understand that I am not an employee of the Village of Algonquin, and that any duties that I perform are as a volunteer. I agree to abide by the procedures set forth by the Village of Algonquin for my assigned work duties. I also understand that it is my responsibility to update any address, emergency or other changes to the information on this form as necessary.					
By my signature, I authorize the Village of Algonquin to conduct any background check as deemed necessary.					
In case of MEDICAL EMERGENCY, I authorize the Village of Algonquin personnel to take such emergency action as may be deemed necessary.					
Please read this form carefully and be aware that in enrolling and participating in any program/course/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/course/activity.					
I recognize and acknowledge that there are certain risks of physical injury associated with participating in this program/course/activity, and I voluntarily agree to assume the full risk of any injuries, damages, or losses, regardless of severity that I, or my minor child/ward may sustain as a result of such participation. I fully understand and agree that all programs/course/activity shall be at my or my minor child/ward's sole risk. I further agree to waive and relinquish all claims I, or my minor child/ward may have or which may accrue to me and/or my minor/ward as a result of participation in this program/course/activity. I do hereby fully release and forever discharge the Village of Algonquin from any and all claims for injuries, damages, or loss that I or my minor child/ward may have or which may occur to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/course/activity. I have read and fully understand the important information listed above, warning of risk, assumption of risk and waiver, and release of all claims. I do hereby fully release the Village of Algonquin to take photos or video imaging of the activity(s) that I am participating in for future use as the Village deems necessary.					
Volunteer Signature:		Date:			
Parent/Guardian (if under age 18):					