



# Volunteer Application Form

(Please Print Clearly)

For Office Use	
Date Rec'd	
Date Interview	
Phone	In-Person
Date Background Check	
Sent	Received
Date Start	

## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Home / Work / Cell Alternate Phone #: \_\_\_\_\_ Home / Work / Cell

Email: \_\_\_\_\_

Yes, I would like to receive regular emails from Lake Katherine Nature Center & Botanic Gardens

## Volunteer Position of Interest

Please review position descriptions at <http://lakekatherine.org/volunteer-opportunities.cfm>, then rank your top three choices:

- |                             |                              |                    |
|-----------------------------|------------------------------|--------------------|
| _____ Animal Ambassador     | _____ Clubhouse              | _____ Maintenance  |
| _____ Camp Counselor        | _____ Ecological Restoration | _____ Welcome Desk |
| _____ Canoe/Kayak Attendant | _____ Field Trips            |                    |
| _____ Citizen Science       | _____ Gardening              |                    |

## Volunteer Availability

How frequently do you wish to volunteer?  Weekly  Every 2 Weeks  Monthly

## Skills/Experience

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Education               | <input type="checkbox"/> Event Planning   | <input type="checkbox"/> Gardening              |
| <input type="checkbox"/> Environmental Education | <input type="checkbox"/> Fundraising      | <input type="checkbox"/> Ecological Restoration |
| <input type="checkbox"/> Working with Children   | <input type="checkbox"/> Photography      |   |
| <input type="checkbox"/> Administrative          | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Carpentry              |
| <input type="checkbox"/> Computers               | <input type="checkbox"/> Public Speaking  | <input type="checkbox"/> Heavy Equipment        |
| <input type="checkbox"/> Desktop Publishing      | <input type="checkbox"/> Animal Care      | <input type="checkbox"/> Maintenance            |
| <input type="checkbox"/> Writing/Editing         | <input type="checkbox"/> Field Research   |   |

Please share any additional skills/experience that you feel will help you as a volunteer at Lake Katherine:

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## Education

Are you currently a student?  Yes  No

Current or Most Recent School Attended:

School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Degree/Certificate: \_\_\_\_\_  Completed  In-Progress

**Employment History**

Current Employment Status:  Employed  Unemployed  Retired  Other: \_\_\_\_\_

Current or Most Recent Employer:

Employer \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone #: \_\_\_\_\_ Length of Employment: \_\_\_\_\_  F/T  P/T  Other: \_\_\_\_\_

Previous Employer:

Employer \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone #: \_\_\_\_\_ Length of Employment: \_\_\_\_\_  F/T  P/T  Other: \_\_\_\_\_

**Criminal Background**

All volunteers are subject to a criminal background check prior to acceptance into the volunteer program. Have you ever been convicted, given a suspended sentence, placed on probation or imprisoned for any violation of the law (You are not required to disclose any sealed or expunged conviction records or arrest records that did not result in a conviction)?

Yes  No (If yes attach written explanation to this form.)

**Parental/Guardian Consent** *(Please complete this section if under 18 years of age)*

Name of Parent/Guardian: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Cell/Alternate Phone #: \_\_\_\_\_

I hereby give \_\_\_\_\_ permission to volunteer at Lake Katherine. I also give consent to take whatever emergency steps are necessary to safeguard the health and welfare of my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteer Acknowledgement**

- I understand that the information requested on this form will be used for volunteer assignment and record-keeping.
- I understand that all volunteers are subject to a criminal background check.
- I hereby authorize Lake Katherine Nature Center and Botanic Gardens to conduct an inquiry of any or all references, employers and schools (past or present). I authorize the aforementioned parties to release pertinent information to them. I hereby release Lake Katherine Nature Center and Botanic Gardens and all references, employers and schools from any and all claims, demands or liabilities arising out of or related to such disclosure.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent (if under 18 years old) \_\_\_\_\_ Date: \_\_\_\_\_

**Please return your completed application to:**

Lake Katherine Volunteer Coordinator  
7402 Lake Katherine Drive  
Palos Heights, IL 60463