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Volunteer Application Form

(Please carefully read the directions and print clearly)

Personal Information

Last Name: _____ First Name: _____ Middle Name: _____

Preferred Name: _____ Preferred Pronoun: _____ Date of Birth: ____/____/____

Home Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Circle: Home / Work / Cell Alternate Phone: _____ Circle: Home / Work / Cell

Email: _____

Yes, I would like to sign up for the Lake Katherine Nature Center & Botanic Gardens monthly newsletter.

Why are you interested in volunteering at Lake Katherine Nature Center?

Do you have any previous volunteer experience? Yes No

If yes, please describe that experience:

Lake Katherine's mission is to connect people with nature. Please describe an experience when you felt connected with nature and why it was significant:

Volunteer Position of Interest

Please review the position descriptions at <https://www.lakekatherine.org/196/Volunteer-Opportunities>, then rank your top three choices, marking them as 1st, 2nd, and 3rd:

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

Please tell us why you are interested in volunteering for the positions you selected above:

Volunteer Availability

How frequently do you wish to volunteer?

Weekly Every 2 Weeks Monthly Other (specify): _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you be interested in helping with special events? Yes No

Can we call you for last minute needs? Yes No

Skills/Experience

- Education
- Environmental Education
- Working with Children
- Administrative
- Computers
- Desktop Publishing
- Writing/Editing
- Event Planning
- Fundraising
- Photography
- Public Relations
- Public Speaking
- Animal Care
- Field Research
- Gardening
- Ecological Restoration
- Carpentry
- Heavy Equipment
- Maintenance

Do you speak any languages in addition to English? (please list) _____

Please share any additional skills or experience that be useful as a volunteer at Lake Katherine Nature Center:

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: _____

Affiliations

Are you a Master Gardener? Yes No

Are you a Master Naturalist? Yes No

Are you a member of the Palos Heights Garden Club? Yes No

Other

T-Shirt Size: _____

Emergency Contact Information

In case of emergency, notify:

Last Name: _____ First Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Circle: Home / Work / Cell Alternate Phone #: _____ Circle: Home / Work / Cell

If primary emergency contact is unavailable, notify:

Last Name: _____ First Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Circle: Home / Work / Cell Alternate Phone #: _____ Circle: Home / Work / Cell

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: _____ Circle: Home / Work / Cell Alternate Phone: _____ Circle: Home / Work / Cell

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 kept confidential and used only for volunteer assignment and record-keeping.
- I understand that all volunteers are subject to a criminal background check. I understand that if I am selected into the volunteer program, I may be required to pay a fee of \$20 to compensate for the cost of 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

volunteerlk@lakekatherine.org
(PDF files only – no photographs please)