



## VOLUNTEER APPLICATION

**Please print in ink or type:**

**Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (for background check)

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

**Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_

**E:MAIL Address** \_\_\_\_\_

1. From the list below, please check the volunteer position(s) you are interested in: (contact the Department for details on the following volunteer position(s).

### **Land Management and Education:**

Site Interpreter  Campground Host  Visitor Center Host  Safety Education Instructor.

Trail Host  Facilities Rehabilitation (list any specialized skills \_\_\_\_\_)

### **Special Events**

Special Event Opportunities:

- |  |   |
|--|---|
| <input type="checkbox"/> Beach GAMES Blowout           | <input type="checkbox"/> Comlara-Fest Pioneer Days    |
| <input type="checkbox"/> Comlara Park Ice Cream Social | <input type="checkbox"/> Parent/Kid Fishing Derby     |
| <input type="checkbox"/> Comlara Mountain Bike Race    | <input type="checkbox"/> Nature Photography Derby     |
| <input type="checkbox"/> Fall Colors Family Day        | <input type="checkbox"/> Deer Run, Run - 8K Foot Race |

**Wildlife**  Deer Population Monitors  Bluebird Trail Monitors  Waterfowl Nesting Structure Volunteers  Volunteer Disabled Hunter Assistants/Hunting Partners

**Forest /Vegetation Resources:**  Reforestation Monitors  Tree Planting/Maintenance Volunteer  Flower Bed Volunteer  Prairie Maintenance Volunteer

### **Fisheries:**

Fisheries Creel Survey Volunteer  Fisheries Stocking Volunteer  Fisheries Habitat Projects

**Safety & Security:** McLean County Sheriff's Park Patrol Auxiliary (an additional application will be mailed to you)

2. Approximately how many hours per month would you be available to volunteer? \_\_\_\_\_ Preferred days of week or month(s) \_\_\_\_\_

3. Dates available this calendar year: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

4. List the specific County Park(s) or area of McLean County you would be available to volunteer your services:  
\_\_\_\_\_

5. Would you be interested in working on a special group project/program?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_

6. How did you first learn about our volunteer program? \_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a felony or misdemeanor, other than a traffic offense within the last five years? Yes\_\_\_\_ No\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

I hereby attest that the above information is true. I authorize the Department to perform a criminal background check on me. I also understand that the McLean County Department of Parks and Recreation has the right to cancel my volunteer service at any time.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this application to:**

**McLean County Department of Parks and Recreation  
Attn. Volunteer Coordinator  
13001 Recreation Area Dr.  
Hudson, IL 61748**

**THANK YOU FOR YOUR INTEREST IN OUR VOLUNTEER PROGRAM!**

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**FOR DEPARTMENT USE ONLY:**

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

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Additional Comments:

The McLean County Department of Parks and Resources does not discriminate on the basis of race, color, sex, national origin, age, or handicap in admission to or treatment or employment in programs or activities in compliance with the Illinois Human Rights Act, the Illinois Constitution, Title VI of the 1964 Civil Rights Act, Section 504 of the Rehabilitation Act of 1973 as amended, and the U.S. Constitution.