



NEW LENOX COMMUNITY PARK DISTRICT
STUDENT COMMUNITY SERVICE FORM/SCHOOL REQUIREMENT

Delivery Options:

- ✓ If you chose to submit your application by e-mail or fax, please include a **LEGIBLE** copy of your State ID or Driver's License, then this replica will become the original record on file.
- Faxed or Scanned documents will not be accepted without copies of the required documents.**
- ✓ If you are under 18 and do not have a State ID or Driver's License, include a **LEGIBLE** copy of your School ID **AND** a copy of your parent/guardian's State ID or Driver's License.

Mail to:
701 W. Haven Ave.
New Lenox, Illinois 60451

E-mail to:
BusinessServices@newlenoxparks.org

Fax to:
815.462.2590

Please complete form in its entirety!

STUDENT INFORMATION:

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____ DATE OF BIRTH: _____

NAME OF SCHOOL OR ORGANIZATION REQUIRING HOURS: _____

HOURS REQUIRED: _____ REQUIRED COMPLETION DATE: _____

I AM AVAILABLE ON (please circle all that apply):

SUN MON TUES WED THUR FRI SAT During or after time: _____

SPECIAL SKILLS AND/OR EXPERIENCE: _____

EMERGENCY INFORMATION:

NAME: _____ PHONE NUMBER: _____

RELATIONSHIP: _____

I have never been convicted of or found to be a child sex offender and I certify this statement to be true and correct. True False

STUDENT SIGNATURE: _____ DATE: _____

This section for office use only

COMPLETION VERIFICATION:

This confirms that the above-named student has performed _____ hours of community service in the _____ Department(s) of the New Lenox Community Park District. These duties were performed on/between _____.

Performance comments: _____

BUSINESS SERVICES REPRESENTATIVE

DATE:

NEW LENOX COMMUNITY PARK DISTRICT VOLUNTEER/COMMUNITY SERVICE WAIVER (NON-BACKGROUND CHECK)

I agree to abide by all relevant policies and administrative guidelines while on duty for the duration of the event(s) and/or my volunteer/community service period/session(s) and to attend training and loss prevention seminars that are scheduled from time to time for volunteers/community service. I affirmatively state and agree that I have not been convicted of any of the felonies listed below in this waiver. I understand that:

- As a volunteer or while performing community service hours, I am not entitled to any benefits provided to employees.
- The New Lenox Community Park District insurance policy will apply to liability claims that may be made against me for alleged acts while I (am/was) acting in the capacity of a volunteer or while performing community service hours.
- The New Lenox Community Park District Worker's Compensation program may be responsible for the medical costs if I am injured while acting in the capacity of a volunteer or while performing community service hours for the District, but that coverage will not provide for any loss of income or cover any disability or impairment claim that may result. Other than the coverage that may be required by the Illinois Workers' Compensation Act, the District does not provide me with any kind of health, medical, sickness or accident insurance in my capacity as a volunteer or while performing community service hours.
- The Park District can not knowingly employ a person who has been convicted for committing attempted first degree murder or for committing or attempting to commit first degree murder, a Class X felony, or any one or more of the following offenses: indecent solicitation of a child, public indecency, prostitution, soliciting for a prostitute, soliciting for a juvenile prostitute, pandering, keeping a place of prostitution, patronizing a prostitute, pimping, juvenile pimping, exploitation of a child obscenity, child pornography, harmful material, criminal sexual assault, aggravated criminal sexual assault, predatory criminal sexual assault of a child, criminal sexual abuse, aggravated criminal sexual abuse, those defined in the Cannabis Control Act, except those defined in Sections 4 (a)(not more than 2.5 grams of any substance containing cannabis), 4 (b) (more than 2.5 grams but not more than 10 not more than 30 grams of any substance containing cannabis; provided it is a first offense of that Act; Those defined in the Illinois Controlled Substance Act; and any offense committed or attempted in any other state or against the laws of the United States, which, if committed or attempted in this State, would have been punishable as one or more of the foregoing offenses.
- Further the Park District cannot knowingly employ a person who has been found to be the perpetrator of sexual or physical abuse of any minor less than 18 years of age pursuant to proceedings under Article II of the Juvenile Court Act of 1987.
- The Park District reserves the right to run a background check on any volunteer at any time and or remove a volunteer from a position at anytime.
- By my execution of this waiver, I am releasing, holding harmless and indemnifying the New Lenox Community Park District from any and all claims I may have now or in the future for loss of income or disability on account of my activities as a volunteer.

Date: _____

Location/Position: _____

Name (Print)

Signature

*Signature of Parent or Guardian
Mandatory if Volunteer is under the age of 18*

Supervisor's Signature