

**Northern Will County Special Recreation Association
VOLUNTEER APPLICATION**

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of an on-job related medical condition or disability, or any other legally protected status.

Date Available for Work: _____

Preference of Activity: _____

Name: _____

Last
First
Middle

Address: _____

Number
Street
City
State
Zip

Telephone: _____ Email Address: _____

Have you ever been employed here before? Yes _____ No _____

If yes, when _____

Are you 21 years of age or older? Yes _____ No _____

Are you authorized to work in the United States? Yes _____ No _____

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

Name, City, State	Course of Study	No. of Years	Graduate?

EMPLOYMENT EXPERIENCE (LIST MOST RECENT FIRST)

Name of Company	Job Title	Date Employed	
Address	City, State, ZIP	From	To
Supervisor's Name	Telephone Number		
Duties			
Reason for Leaving			
Name of Company	Job Title	Date Employed	
Address	City, State, ZIP	From	To
Supervisor's Name	Telephone Number		
Duties			
Reason for Leaving			

PERSONAL REFERENCES

Name	Address	Years Known	Telephone #

Please list any special classes, qualifications, or experience working with individuals with disabilities:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for volunteer employment as may be necessary in arriving at a decision of volunteer placement.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

In the event of volunteer placement, I understand that false or misleading information given in my application or interview(s) may be grounds for discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

Please Return to:

**NWCSRA
10 Montrose Drive
Romeoville, IL 60446
Attention: Gina Petkus**