



Palatine Park District Athletics Volunteer Application



Updated 08-24-18.

Volunteer Information (print legibly):

Date: _____

Legal Name: First _____ Middle _____ Last _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Alternate Phone: _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

Are you currently a student? No Yes If yes, what school? _____

Were you referred by a PPD volunteer? No Yes If yes, who? _____

Adult Unisex T-Shirt Size Small Medium Large XL XXL

How did you hear about our volunteer program? _____

Were you ever or are you currently employed by Palatine Park District?

No Yes, currently employed Yes, former employee. Dates of employment: _____ - _____

Have you ever been convicted of being or found to be a child sex offender? No Yes

Program (check all that apply):

- PAFA Spirit
- Palatine Amateur Football Association (PAFA)
- Palatine Celtic Soccer Club
- Palatine Cobras Wrestling Club
- Palatine Community Baseball Softball (PCBS)
- Palatine Gymnastics Club
- Palatine Picklers
- Palatine Rugby Club

- Penguins Lacrosse
- Rolling Meadows Renegades Hockey

Palatine Park District Programs:

- PPD Little Strikers Indoor Soccer League
- PPD Tiger Sharks Swim Team
- PPD Youth Basketball League
- PPD Youth Volleyball League

Volunteer Role:

Team Manager Coach Board Member General Volunteer
Current Certifications: **CPR** Yes No **AED** Yes No **First Aid** Yes No

Coaches/Team Managers: Describe your previous experience playing/coaching this sport:

List any coaching certifications here: _____

I attest that the information provided on the Palatine Park District Youth Athletics Volunteer Application is true and I understand and agree that all information furnished on this application may be investigated by the Palatine Park District or its authorized representative as may be necessary. Prior to becoming a volunteer, a successful background check must be completed. I hereby give my consent for the Park District to use photos or video coverage of me and/or my minor child/ward in future publications and promotions and that these photos/videos remain the property of the Park District. In addition, I understand I will not receive any compensation for the time I serve as a Palatine Park District volunteer.

Volunteer Signature

Date

If the volunteer is under the age of 18, a parent or legal guardian must sign below granting their authorization for the minor to perform volunteer services.

Parent/Guardian Signature

Date

Forms can be dropped off or mailed to: Palatine Park District, Attn: Volunteer Program, 250 E. Wood Street, Palatine, IL 60067. Forms can also be sent via email to volunteer@palatineparks.org or via fax to 847.991.2127 For questions about the volunteer program, contact the Recruitment & Volunteer Coordinator at 847.496.6212.