



For Office Use	
Date Received	
Interview Dates	
Phone	In-Person
Background Check	
Sent	Received
Start Date	

Volunteer Application Form

(Please carefully read the directions and print clearly)

Personal Information

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

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.

Volunteer Position of Interest

Please review the position descriptions at <http://lakekatherine.org/volunteer-opportunities.cfm>, 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

Skills/Experience

- | | | |
|--|---|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Environmental Education | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Ecological Restoration |
| <input type="checkbox"/> Working with Children | <input type="checkbox"/> Photography | |
| | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Heavy Equipment |
| <input type="checkbox"/> Computers | | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Animal Care | |
| <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Field Research | |

Please share any additional skills or experience that you would like to use as a volunteer:

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: _____

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 used for volunteer assignment and record-keeping.
- I understand that all volunteers are subject to 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)