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Director@danadahouse.org www.danadahouse.org

## Friends of Danada Volunteer Application

**Thank you for your interest in volunteering with us!**

### Instructions

Please PRINT and complete all sections of this application and sign the forms. Application, Criminal Background Check release form, Waiver & Assumption of Risk Form, and General Provisions Agreement. We require original signatures not photocopies or scans. Mail/drop off your application to the attention of "*Friends of Danada Volunteer Program*" See above for address. You will be contacted with the next steps (meet & greet, orientation).

Mandated Reporter Training is required by the State of Illinois when you are in contact with children and families. This online training will be required once you are accepted into the program

<https://mr.dcfstraining.org>

**Thank you!**  
**Friends of Danada**

### Volunteer Positions

Farm Volunteer, History Volunteer, Special Project Volunteer. Volunteer Position Descriptions which include specific details will be provided. New positions may be added as the need arises.

### Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Age    Under 13 \_\_\_\_\_ 13yrs \_\_\_\_\_ 14-15yrs \_\_\_\_\_ 16-17yrs \_\_\_\_\_ 18 & over \_\_\_\_\_

*Criminal background checks and sex offender checks are required for all volunteers 16 years and older.*

*Acceptance into the volunteer program is subject to satisfactory results.*

*Please understand that these checks are required for the safety of the volunteers, staff and patrons.*

### Positions Applied For

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Education**

What is your highest grade completed? \_\_\_\_\_ Area of Interest \_\_\_\_\_

List additional training/certifications, skills, and knowledge that may assist you in this program.

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**Volunteer History**

List your volunteer history beginning with your present or most recent volunteer position.

Organization Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position Held \_\_\_\_\_ Volunteer from \_\_\_\_\_ to \_\_\_\_\_

Duties \_\_\_\_\_

Organization Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position Held \_\_\_\_\_ Volunteer from \_\_\_\_\_ to \_\_\_\_\_

Duties \_\_\_\_\_

**Why are you interested in volunteering with us?** \_\_\_\_\_

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Interests and Hobbies \_\_\_\_\_

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**Character References**

Please provide 2 character references that you have known for at least one year. We will contact each reference via email and ask them a few questions, so please be sure to provide an accurate email address. **References cannot be family members.** Choose friends, neighbors, work/school associates, teachers, pastors, etc.

Reference #1 Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Email \_\_\_\_\_

Reference #2 Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Email \_\_\_\_\_



## CRIMINAL BACKGROUND CHECK & DRIVERS LICENSE CHECK CONSENT FORM

### Applicant Information

The **Friends of Danada** requires periodic criminal background checks of all full-time, part-time, temporary, contractual, seasonals and volunteers (age 16 and over). The **Friends** also requires drivers' license checks for those classifications utilizing vehicles/equipment. These measures are being instituted in an attempt to ensure the safety of participants, employees, and volunteers.

#### Status (Volunteer or Employee)

**Volunteer**

Last Name	First Name	Middle Initial
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Date of Birth	Sex	Race Codes White=W Black=B Asian=A Hispanic/Latino=H Native Hawaiian/Pacific Islander=P Two or More Races (Not Hispanic/Latino) =T	Race
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#### Driver's License Number

If you may be known by another name (pre-marriage, alias), please indicate. Yes  No

If so, when was the last year you used this name? \_\_\_\_\_

Other Last Name	Other First Name	Other Middle Initial
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I certify that the information provided above is true and complete. I understand that false or misleading information given in my employment or volunteer application, interview(s) or on this form will render my application void and will be just cause for termination in the event of my employment or volunteer assignment. I authorize you to make a criminal background investigation in arriving at a decision regarding my volunteer position, employment, or continuation of employment. I further authorize the Illinois State Police to release criminal background information as part of the criminal background investigation and the Secretary of State to release driving records as part of the driver's license check.

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

Parent/Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_



## Friends of Danada Volunteer Waiver & Assumption of Risk



I have agreed to serve as a volunteer for the Friends of Danada organization and hereby voluntarily agree to the following:

I understand that there are inherent risks associated with volunteering, particularly in outdoor programs and activities. I fully understand, appreciate, and assume all risks associated with my volunteer duties.

I hereby agree to abide by all rules, instructions, policies, and procedures imposed by the Friends of Danada and the Forest Preserve District of DuPage relating to their programs, activities and the use of their facilities and property. I agree to use my best judgment while engaging in those programs and activities and make reasonable efforts to ensure my own safety and the safety of others.

I agree that the Friends of Danada and the Forest Preserve District of DuPage County may use my likeness in any brochures or promotional materials that will be used to promote the Friends of Danada purpose and mission.

I hereby certify that I am competent to execute this Waiver and Assumption of Risk.

I have read and understood the foregoing and acknowledge my consent to the terms of this Waiver & Assumption of Risk by this Waiver.

Program Location \_\_\_\_\_ Date \_\_\_\_\_

Participant's Printed Name \_\_\_\_\_

Participant's Signature \_\_\_\_\_

Address, City, State, Zip Code \_\_\_\_\_

Your Phone Number \_\_\_\_\_

Emergency Contact Name/Phone # \_\_\_\_\_

Additional Emergency Contact Name/Phone # Optional \_\_\_\_\_

***Required if participant is under 18 years old***

Printed Name of Parent or Legal Guardian \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

## **Friends of Danada Volunteer Program General Provisions Agreement**

I have agreed to volunteer some of my available time to assist the staff and the programs with the Friends of Danada, a non-profit organization supporting the Forest Preserve District of DuPage County (the "District"). In consideration of the Friends of Danada accepting me as a volunteer and covering me with volunteer accident insurance coverage and in acknowledgement of the educational, professional, social, and other experiences I will receive as a volunteer, I agree to the following:

1. I will read informational material provided by the Friends of Danada volunteer program and will complete and sign all volunteer forms (application, general provisions agreement, waiver and assumption of risk, criminal background check/(driver's license release forms)).
2. I will follow all Friends of Danada policies, rules, regulations, and program procedures for a safe volunteer experience and will attend training and safety sessions as determined by the Friends including State of Illinois Mandated Reporter training.
3. I understand that as a volunteer I am not an employee of the Friends of Danada or the District, that my involvement will not lead to employment status, and that I will not receive any compensation for my services.
4. I understand that I am a volunteer representative of the Friends of Danada and must do my best to present a positive image of the Friends of Danada and the District to the community and to those who visit the facilities and preserves. This includes being courteous, positive, respectful, and helpful to visitors and staff, and appropriately wearing any required volunteer uniform.
5. I understand that the Friends of Danada can terminate my volunteer position at any time for any or no reason, with or without notice.
6. I understand that I must operate within the scope of the duties associated with my volunteer position, whether performing those duties on or off the Friends of Danada or the District's property, as in the case of special events.
7. I understand that I am not authorized to enforce the rules, policies, regulations, and program procedures, and will refer any issues I encounter to the Volunteer Liaison and the Executive Director/Board.
8. Safety is of utmost importance. I understand that I am not authorized to operate a vehicle or other motorized equipment at Danada Farm or on the Forest Preserve District property unless I have been instructed on how to use the vehicle and have demonstrated my skills. I am also not authorized to operate any type of power equipment, including power saws, chain saws, weed trimmers, and snow blowers at Danada Farm or on District property without instruction. The documentation identifying that I have received instruction and demonstrated my abilities for the vehicle/equipment must be provided to the Executive Director/Board before using it at Danada Farm or on District property. Annual skill assessments will be required for volunteers as a safety measurement.

Applicant's Printed Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: If the applicant is under 18 years of age, a parent or the guardian of the applicant must sign this agreement on behalf of the applicant, agreeing to the terms and conditions of this Agreement.

Parent or Legal Guardian's Printed Name \_\_\_\_\_

Parent Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_