



Peoria Community Services Volunteer Application



NAME		
ADDRESS	CITY, STATE	ZIP
EMAIL	PHONE NUMBER	ALT. PHONE NUMBER

Area of Interest:

- Youth Sports
 Library
 Rio Vista Rec Center
 Teens
 Adaptive/Special Olympics
 Community Center
 Special Events
 Summer Recreation
 Environmental Clean ups

NOTE: All volunteers 18 and older are required to complete a pre-screening and fingerprinting process that is submitted to the FBI for background investigation. All reports will be reviewed by staff. Any arrest or conviction of a crime that could pose a risk to our participants or City will automatically disqualify you as a volunteer. Volunteers are required to notify the City of any changes to their public record.

Are you 18 or older? Yes No If No, Date of Birth: _____

Have you EVER been arrested (since you turned 18)? Yes No

If yes, please explain: _____

Have you EVER been convicted of any violations of federal, state, local or military law or statute?

Yes No

If yes, please explain: _____

List any volunteer or paid experience you have had: _____

Do you have any physical or medical concerns or special accommodations that staff need to be aware of?

Emergency Contact Information:

NAME	CONTACT NUMBER	ALT PHONE	RELATIONSHIP
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By signing this application, I certify that all information on this form is true to the best of my knowledge. I also authorize the City of Peoria Community Services Department to make all necessary and appropriate investigations allowable by law. It is my responsibility to keep the Community Services Department advised of any changes in addresss or phone numbers.

Signature of Volunteer: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
 (if applicant is under 18 years old)

Application Received _____
 FOR OFFICE USE ONLY
 Validity Checked _____
 Finger Print Status _____

Rio Vista Volunteer



Please check which session you are applying for:

- Fall Semester Spring Semester Summer Year-Round
 Returning Volunteer

Shirt Size (please circle): Adult Sizes S M L XL XXL

Please list one personal reference:

Contact Name: _____ Phone number: _____

Please list any special skills, interests or hobbies that would help in your volunteer placement at the Rio Vista Recreation Center.

Why do you want to volunteer at Rio Vista Recreation Center?

What do you hope to gain from this experience?

Secondary Emergency Contact Information:

NAME	CONTACT NUMBER	ALT PHONE	RELATIONSHIP

Media Release Addendum

Throughout the summer we may have various media sources covering our volunteer program. To ensure we have permission for story and/or photography please initial below.

Volunteer's Initials: _____

Parent's Initials: _____
(if under 18 years of age)
