



Peoria Community Services

Volunteer Application



Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone #: _____ **Email:** _____

Area of Interest:

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

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:** _____ **Relationship:** _____

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 address or phone numbers.

Signature of Volunteer: _____ **Date:** _____

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

FOR OFFICE USE ONLY

Application Received _____ **Validity Checked** _____ **Finger Print Status** _____



Rio Vista Recreation Center Volunteer



Please check which session you are applying for:

- Fall Semester
 Spring Semester
 Summer
 Year-Round
 Returning Volunteer

Shirt Size (Please Circle): Adult Sizes Small Medium Large X Large XX Large

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: _____ 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.

Volunteers Initials: _____

Parent's Initials: _____

(if under 18 years of age)