

## VOLUNTEER APPLICATION

The Village maintains a strong policy of equal employment opportunity. We ensure equal opportunity for all employees and applicants for employment. We hire, train, promote, compensate and dismiss employees without regard for race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, disability or citizenship, as well as other classifications protected by applicable state or local laws.

Our equal employment opportunity philosophy applies to all aspects of employment with the Village including recruiting, hiring, training, transfer, promotion, job benefits, pay, and dismissal.

Village of Savoy 611 N. Dunlap Ave. Savoy, IL 61874

Phone: 217-359-5894 Fax: 217-359-0202

www.village.savov.il.us

Savoy Recreation Center

402 W. Graham Dr. Savoy, IL 61874

Fax: 217-359-3550

Fax: 217359-3561

www.savoyrecreationcenter.com

## STATEMENT OF AUTHENTICITY

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained and information requested in this volunteer application as may be necessary to arrive at a decision. I understand that this application is not, and is not intended to be, a contract for volunteering. I also understand that in the event of my acceptance as a volunteer, I may be subject to discharge for any false or misleading statements or material omissions made in connection with my application. I understand also that I am required to abide by all rules and regulations of the Village of Savoy.

I authorize the Village of Savoy to make a thorough investigation of my past employment, education, job related and volunteerism activities. I hereby authorize all individuals in organizations named or referred to in this application and any law enforcement organization, state agency, investigative organization, or other governmental body to provide the Village of Savoy all information relative to such investigations and hereby release such individuals, organizations and the Village of Savoy from any and all liability for any claim or damage resulting there from. I further understand that any false or misleading information provided during the application or interview process will result in withdrawal from consideration as a volunteer, regardless of when discovered.

I hereby authorize the Village of Savoy to conduct work history and reference checks. I waive written notice from my current and prior employers and authorize them to release information regarding any disciplinary action taken against me within the past four years. I further release the officers, agents, and employees of both the Village of Savoy and my current and prior employers from any liability arising from disclosure of personnel records and information.

Signature:	Date:				
	For Personr	nel Departn	nent Use Only		
Arrange Interview:	□ Yes	$\square$ No			
Remarks:					
Accepted as volunteer:	☐ Yes	☐ No	As of (Date):		
Volunteer Position:					
By:					
Nama ar	od Titla		D	oto	

## Please Print. If you need accommodation to complete this application, call the Recreation Center at 359-3550.

Today's Date:								
Name:								
City:		State:	Zip Code:					
Daytime Phor	ne:	Evening	Evening Phone:					
Emergency C	ontact:		Phone:					
Age 14 & 1	5 16-18		18 & Over					
Have you volu	inteered for the Savoy R	ecreation Ce	enter previously? Yes No					
being, the Sav		eserves the	ach person's safety and well right to conduct confidentia ers.					
Do you have a valid driver's license? ☐ Yes ☐ No								
Please describ	e any special assistance	e or accomn	nodation you may require:					
	learn about volunteering al brochure   \text{Volume}							
□ Village	e of Savoy Website		☐ Friend					
□ Savoy	Recreation Center		☐ Other					
	e any additional informour application:	ation which	you feel may be helpful to	us in				
	<b>Volunteer Interests:</b>	(Please cir	cle all that apply.)					
General Office work Fund-raising	Educational prog Performing arts	-	Special events Maintain/restore natural area	as				
Wildlife moni	toring (bird surveys, ne	est boxes, et	rc.)					

Basketball	Assistar Pee-wee luding tee, wee	e soccer	Sports Offic	cial				
Have you coached for the Savoy Recreation Center before?  Yes No Coaching experience in any sport:								
Are you ASE	P certified?	□ Yes	□ No					
What age group do you prefer to work with?								
Your child's name whose team you would like to coach/assistant coach:								
Your child's age: Present school grade:								
	Name of school:							
Additional comments or information:								
Volunteer Availability: Please check all that apply.								
- Best days:	☐ Monday ☐ Friday			y 🗆 Thursday				
- Best	time of day:	☐ Morning	☐ Afternoon	n ☐ Evening				
- Length of volunteer commitment:   Short term   Long term								
		ack of this form, young		you are willing and able				
Please read and form to the:	d sign the statem	ent of authenticity	on the back of t	this form, and return the				
	Savoy Recreative 402 Graham D							

Savoy, IL 61874