



WSRA
WARREN SPECIAL
RECREATION ASSOCIATION

Warren Special Recreation Association

100 S. Greenleaf St., Gurnee IL 60031

Inspiring People With Disabilities Through Meaningful Recreation

Volunteer Application

Beckie
Korzyniewski
Executive Director

Board of Directors

Nancy Carlson
President

Suzanne Simpson
Vice President

Susie Kuruvilla
Treasurer

Anna Nelson
Board Member

David Mohr, Jr
Board Member

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Cell #: _____

Email Address: _____ Birth date: ___/___/___

Driver's License Number (if applicable): _____

Emergency Contact: _____

Relationship: _____ Phone: (cell) _____

Phone: (work) _____

How did you hear about WSRA? _____

Previous volunteer experience: _____

Previous experience working with special populations? YES NO
(If yes, please list place of work, length of time, age group, and disability)

Skills, Training, Interests: _____

Age groups interested in working with: ___ Preschool
 ___ Youth
 ___ Teens
 ___ Adults

Will this experience be used toward fulfillment of academic requirements? YES NO
If yes, how many years, if any, are required for this purpose? _____

Teacher/Contact Name: _____ Phone: _____

Education:

	Name & Address of School	# of Years Attended	Graduation Date
Middle School:			
High School:			
College/Trade School:			

References

Name	Phone Number	Relationship	Years

I certify that all information contained in this application are true and complete to the best of my knowledge. Any omission or misrepresentation of facts may be grounds for rejection of application or dismissal from volunteer service.

As a volunteer with the Warren Special Recreation Association, I will attempt, to the best of my ability, to complete the responsibilities of the volunteer position for which I am applying. If I am unable to fulfill my commitment, I will notify the Program Supervisor immediately. As a volunteer, I am aware that I am responsible for my own medical accident insurance since Worker's Compensation benefits are not available. WSRA does have limited coverage to assist injured volunteers which will help offset out of pocket expenses such as the deductible costs of their existing medical coverage.

Signature

Date

If under 18, Signature of Parent or Guardian

Date

Please return this form to: Warren Special Recreation Association
100 S Greenleaf St
Gurnee, IL 60031
Attn: Jessica Fultz
jessica@warrentownship.net