



**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

Brenda Zeck  
*Executive Director*

*Board of Directors*

Nancy Carlson  
*President*

Suzanne Simpson  
*Vice President*

Susie Kuruvilla  
*Treasurer*

Colleen Broderick  
*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
Grammar 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: Susan Markey