



Northeast DuPage Special Recreation Association
1770 W. Centennial Place
Addison, IL 60101
(630) 620-4500

VOLUNTEER APPLICATION

Name _____ Phone _____

Address _____ City _____ Zip _____

Person to call in case of emergency: Name _____

Address _____ City _____

Phone _____ Zip _____

EDUCATION

High School attended _____ Yrs. completed _____

Colleges attended _____ Major _____ Yrs. completed _____

_____ Major _____ Yrs. completed _____

EXPERIENCE

Please list any work or volunteer experience with any *individuals with special needs* or in the area of recreation. Include: place worked, length of time, age and type of disability of participants, supervisor's name and phone number.

Why do you want to volunteer with NEDSRA?

Please specify the times you are available to volunteer:

Day of Week	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Areas of interest and disabilities; please circle all that apply:

- A. Team sports
- Social clubs
- Arts & crafts
- Swimming
- After-school programs
- Preschool
- Nature programs
- General
- B. Youth programs
- Youth with physical disabilities
- Youth and adults with mental illness
- Deaf and hard of hearing
- Jr. Special Olympics
- Special Olympics
- Adults with mental disabilities
- Adults with physical disabilities
- Visually impaired
- Programs for all

Do you have any of the following valid certifications?

Water Safety Instructor CPR First Aid Lifesaving Adaptive Aquatics CPI
 Others _____

How did you hear about NEDSRA?

I hereby assume complete responsibility for any injury or damage sustained by the applicant and release Northeast DuPage Special Recreation Association of any and all liability for such injury or damage occurring during volunteer work for Northeast DuPage Special Recreation Association.

Signature _____ Date _____
(if under 16, parent/guardian signature required)

Parent/Guardian Signature _____ Date _____